Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Page 1 of 74 Document Fill in this information to identify your case: United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA 2019 OCT -8 PM 1:46 Case number (If known): Chapter you are filing under: US BAHKRUPTCY BISTRICT OF SOUTH CAROLINA Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Check if this is an Chapter 13 amended filing Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy 12/17 The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your MARSHEA government-issued picture First name identification (for example, First name your driver's license or passport). Middle name Middle name **BOYD** Bring your picture Last name identification to your meeting Last name

with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name First name years Include your married or Middle name Middle name maiden names Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of - xx - <u>2</u> <u>3</u> <u>6</u> <u>4</u> your Social Security number or federal Individual Taxpayer 9 xx - xx -

(ITIN)

Identification number

9 xx - xx -_

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 2 of 74

MARSHEA BOYD Debtor 1 Case number (if known) Last Name **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. and Employer ☐ I have not used any business names or EINs. **Identification Numbers** (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name EIN EIN 5. Where you live If Debtor 2 lives at a different address: 29 SUNGLOW STREET Street Number Street SIMPSONVILLE SC 29681 State ZIP Code City State ZIP Code **GREENVILLE COUNTY** County County If your mailing address is different from the one If Debtor 2's mailing address is different from above, fill it in here. Note that the court will send yours, fill it in here. Note that the court will send any notices to you at this mailing address. any notices to this mailing address. Number Street Number Street P.O. Box P.O. Box City State ZIP Code City State ZIP Code 6. Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this petition, I bankruptcy Over the last 180 days before filing this petition, I have lived in this district longer than in any other have lived in this district longer than in any other district. ☐ I have another reason. Explain. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 3 of 74

Debtor 1	MARSHEA BO First Name Middle		Last Name			Case number ((if known)
Part 2:	Tell the Court Ab	out Your	Bankruptcy	Case			
Bankrı	apter of the iptcy Code you	Check for Bai	one. (For a brien Nationalist (Form	ef description of each 2010)). Also, go to th	n, see <i>No</i> ne top of	tice Required by 1 page 1 and check	11 U.S.C. § 342(b) for Individuals Filing the appropriate box.
are cho under	oosing to file		apter 7				
		☐ Ch	apter 11				
		☐ Ch	apter 12				
PATA MATALA BANGSA BESA MANAKA BANGSA SASA	general and a construction of the construction	☐ Ch	apter 13				
8. How yo	u will pay the fee	you sub with	ar court for mo irself, you may mitting your p n a pre-printed ed to pay the	ore details about he y pay with cash, can be ayment on your be address.	ow you ashier's ehalf, yo n ts . If yo	may pay. Typica check, or money our attorney may	neck with the clerk's office in your ally, if you are paying the fee y order. If your attorney is pay with a credit card or check ption, sign and attach the Application
		I red By lacks less pay	quest that my aw, a judge m than 150% of the fee in inst	y fee be waived (\ nay, but is not requ f the official povert allments). If you cl	ou may lired to, y line th	request this opt waive your fee, a at applies to you nis option, you m	tion only if you are filing for Chapter 7 and may do so only if your income is ar family size and you are unable to nust fill out the Application to Have the with your petition.
a. Have yo	u filed for	⊘ No					
bankrup last 8 ye	tcy within the ars?		District		When		Casa number
•					••••••	MM / DD / YYYY	_ Case number
			District		When	MM / DD / YYYY	Case number
			District	Power	When	MM / DD / YYYY	Case number
		200.000 pt 11 01 01 01 00 00 00 00 00 00 00 00 00		en e			
	bankruptcy ending or being	No No					
filed by a	spouse who is	☐ Yes.	Debtor	***************************************			_ Relationship to you
	this case with y a business or by an						
			Debtor				Relationship to you
			District		_ When	MM / DD / YYYY	Case number, if known
. Do you re residence			Go to line 12. Has your landlo	ord obtained an evict	ion judgn	nent against you?	
			No. Go to li				
			☐ Yes. Fill ou	t Initial Statement Al	out an E	viction Judament .	Against You (Form 101A) and file it as

part of this bankruptcy petition.

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 4 of 74

Debtor 1 MARSHEA BO		Last Name			Case number (if kno	own)	
		Cast Hallie				•	
Part 3: Report About An	y Busine	sses You Own as a	Sole Pro	prietor			
12. Are you a sole proprieto	or 🛭 No	o. Go to Part 4.					
of any full- or part-time business?		es. Name and location o	f business				
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as		Name of business, if an					
a corporation, partnership, or LLC. If you have more than one		Number Street	THA				
sole proprietorship, use a separate sheet and attach it to this petition.							
		City			State	ZIP Code	
		Check the appropriate	e box to des	cribe vour busin	less.		
		☐ Health Care Busin					
		☐ Single Asset Real	Estate (as o	defined in 11 U.	S.C. § 101/51R)	1)	
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))					
		☐ Commodity Broke					
		☐ None of the above		Ü			
3. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	most re any of th	cent balance sheet, star nese documents do not	ement of op exist, follow	erations cook	a small business	small business debtor so that it s debtor, you must attach your and federal income tax return or if 116(1)(B).	
For a definition of small business debtor, see		I am not filing under Chant		Now			
11 U.S.C. § 101(51D).	No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.						
	☐ Yes.	I am filing under Chapt Bankruptcy Code.	er 11 and I a	am a small busir	ness debtor acc	ording to the definition in the	
art 4: Report if You Own o	r Have	Any Hazardous Pro	perty or A	ny Property]	Γhat Needs I	mmediate Attention	
Do you own or have any	☑ No						
property that poses or is alleged to pose a threat	Yes.	What is the hazard??					
of imminent and identifiable hazard to public health or safety?							
Or do you own any							
property that needs immediate attention?		If immediate attention i	s needed, w	/hv is it needed:	>		
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				my to k hooding			
		Where is the property?	? Number	Street			
			City			State ZIP Code	

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Page 5 of 74 Document

Debtor 1

MARSHEA BOYD

ase number	(if known)	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor	1:
-------	--------	----

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required	to receive a	briefing	about
credit counseling	because of	:	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making

rational decisions about finances. ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case);

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary walver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	required	to	receive	a	briefing	about
cred	lit co	unseling	g be	ecause (of:	:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

reasonably tried to do so.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 6 of 74

First Name Middle Na	
inductive inductive	and Last Name
Part 6: Answer These Que	estions for Reporting Purposes
16. What kind of debts do you have?	 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. ☑ Yes. Go to line 17.
	16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c.
	Yes. Go to line 17.
	16c. State the type of debts you owe that are not consumer debts or business debts.
7. Are you filing under Chapter 7?	□ No. I am not filing under Chapter 7.
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	administrative expenses are paid that funds will be available to distribute to unsecured creditors? No
8. How many creditors do you estimate that you owe?	✓ 1-49☐ 50-99☐ 100-199☐ 200-999
9. How much do you estimate your assets to be worth?	2 \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million
o. How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million
art 7: Sign Below	
or you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.
	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter 7, and I choose to proceed under Chapter 7.
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.
	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 157, 1341, 1519, and 3571.
	* M
	Signature of Debtor 2
	Executed on MM / DD /YYYY

Filed 10/08/19 Entered 10/08/19 17:06:31

Debtor 1	MARSHEA BOYD First Name Middle Name	Case number (if known)
bankrupt attorney	f you are filing this cy without an	The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.
an attorn	represented by ey, you do not le this page.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.
		You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.
		If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.
		Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? No Yes
		Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? No Yes
		Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms' ✓ No ✓ Yes. Name of Person
		By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

Signature of Debtor

Contact phone 9712276476

9712276476

MARSHEABOYD@YAHOO.COM

Date

Cell phone

Email address

Signature of Debtor 2

MM / DD / YYYY

Date

Contact phone

Cell phone

Email address

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 8 of 74

Fill in this information to identify your case:				
Debtor 1	MARSHEA BOY	Ď		
	First Name	Middle Name	Last Name	-
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the	DISTRICT OF	SOUTH CAROLINA	
Case number	(If known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

art 1: Summarize Your Assets		
	Your ass Value of v	ets what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	4160.00
1c. Copy line 63, Total of all property on Schedule A/B	\$	4160.00
art 2: Summarize Your Liabilities		
	Your lial Amount y	
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	. \$	3500.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	. \$	1032.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	· + \$	85264.69
Your total liabilities	\$	89796.69
art 3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I)	. \$	3513.39
Copy your combined monthly income from line 12 of Schedule I		

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 9 of 74

Dρ	htor	1	

MADOL			
MAKOL	IEA BOYD		One a more than
			Case number (if known)
First Name	Middle Name	Last Name	

Part 49 Answer These Questions for Administrative and Statistical Record	ls	
 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. ☑ Yes 		
 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by ar family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. 	oses. 28 U.S.C. § 159.	
8. From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ncome from Official	\$ 4154.72
9. Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :	Total claim	enter i in in vierbeite hommeten i menenten omtenten omten verstellen det des solvenstellen besonderstelle beso
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$1032.00	
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
9d. Student loans. (Copy line 6f.)	\$57730.00	
Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00	
9g. Total. Add lines 9a through 9f.	\$58762.00	

	Case 19-05	5315-hb D	oc 1	Filed 10/08/19 Document P	Entered 10/08/19 14:06:31 age 10 of 74	Desc Main
Fill in this	information to id	entify your case	and this	filing:		
Debtor 1	MARSHEA E	BOYD				
	First Name	Middle Nar	ne	Last Name		
Debtor 2 (Spouse, if filing	(1) First Name	Middle Nan		I IN-		
		DISTRIC		Last Name SOUTH CAROLINA		
United States	Bankruptcy Court for	or the:)	OUTTOAKOLINA		
Case numbe	r					
						Check if this is an
		***************************************				amended filing
Officia	l Form 106	SA/R				
Sche	dule A/	B: Prop	erty	7		12/15
responsible	here you think it e for supplying c	fits best. Be as orrect information	complete on. If mor	and accurate as poss	e. If an asset fits in more than one categ ible. If two married people are filing toge ach a separate sheet to this form. On the	ther, both are equally
Part 1. D	ossriba Each I	Posidonoo Bu	ildina I.			_

Yes. Where is the property?			
Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured clause the amount of any secure Creditors Who Have Claim	d claims on <i>Schedule D.</i> ms Secured by Property.
	☐ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land Investment property	\$	\$
City State ZIP Code	Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.	and chineties, or a m	e estate), ii kilowii.
County	Debtor 1 only Debtor 2 only		
County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this it property identification number:	em, such as local	
own or have more than one, list here:	What is the property? Check all that apply.		
	☐ Single-family home	Do not deduct secured cla the amount of any secure	d claims on Schedule D
Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clain	ns Secured by Property
	Condominium or cooperativeManufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land	\$	\$
Ott.	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fees the entireties, or a life	simple, tenancy by
City State ZIP Code	Who has an interest in the		cstate), ii knowii.
City State ZIP Code	Who has an interest in the property? Check one.		
	Debtor 1 only		
County State ZIP Code		☐ Check if this is co	mmunity proporty

	Case 19-05315-hb	Doc 1		Entered 10/08/19 14:06:31	Desc Main
Debtor 1	MARSHEA BOYD First Name Middle Name	Last Name	Document P	age 11 of 74 Case number (if known)	

1.	.3. Street address, if availal	ole, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?	ed claims on Schedule D:
	City	State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:	Check if this is co (see instructions) em, such as local	ommunity property
Add you	the dollar value of the have attached for Part	portion you own for al 1. Write that number h	ll of your entries from Part 1, including any entries	s for pages	\$0.00
	own lease or have los	Vehicles	t in any vohiolog, whether the comment is	and O brokenia	
Oo you ou owr . Cars	n that someone else drive s, vans, trucks, tractors No	gal or equitable interes es. If you lease a vehicle	et in any vehicles, whether they are registered or registe	not? Include any vehicles and Unexpired Leases.	3
o you ou owr . C ars	n that someone else drive s, vans, trucks, tractors No	gal or equitable interes es. If you lease a vehicle , sport utility vehicles,	e, also report it on <i>Schedule G: Executory Contracts &</i> , motorcycles	not? Include any vehicles and Unexpired Leases.	•
o you ou owr Cars	n that someone else drivens, vans, trucks, tractors No Yes Make:	gal or equitable interes es. If you lease a vehicle	e, also report it on Schedule G: Executory Contracts a motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured cla	ims or exemptions. Put d claims on <i>Schedule D:</i>
Oo you ou owr . Cars . I	n that someone else drive s, vans, trucks, tractors No Yes	gal or equitable intereses. If you lease a vehicle, sport utility vehicles,	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	and Unexpired Leases. Do not deduct secured cla the amount of any securec Creditors Who Have Clain	ims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
Oo you ou owr . Cars . I	n that someone else drivens, vans, trucks, tractors No Yes Make: Model:	gal or equitable intereses. If you lease a vehicle, sport utility vehicles, CHEVROLET	e, also report it on Schedule G: Executory Contracts a motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured cla	iims or exemptions. Put d claims on <i>Schedule D:</i>
ou owr Cars	n that someone else drivens, vans, trucks, tractors No Yes Make: Model: Year:	gal or equitable intereses. If you lease a vehicle, sport utility vehicles, CHEVROLET IMPALA 2011	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Claim	ims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> . Current value of the
Oo you owr	that someone else drivens, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information:	gal or equitable interesses. If you lease a vehicle, sport utility vehicles, CHEVROLET IMPALA 2011 176000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property?	ims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> Current value of the portion you own?
Oo you owr	that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: FAIR CONDITION	gal or equitable interesses. If you lease a vehicle, sport utility vehicles, CHEVROLET IMPALA 2011 176000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$	ims or exemptions. Put d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$ 1950.00 ims or exemptions. Put d claims on Schedule D: as Secured by Property.
Oo you you you owr	that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: FAIR CONDITION Ju own or have more than Make: Model:	gal or equitable interesses. If you lease a vehicle, sport utility vehicles, CHEVROLET IMPALA 2011 176000	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$	ims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ 1950.00 ims or exemptions. Put I claims on Schedule D:

Document Page 12 of 74 MARSHEA BOYD Debtor 1 Case number (if known)

Last Name

Middle Name

3.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cl	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clai	
	Year:	Debtor 2 only	Current value of the	
	Approximate mileage:	─ □ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	entire property?	Current value of to portion you own?
	Other information:	At least one of the deptors and another		
		Check if this is community property (see instructions)	\$	\$
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Put
	Model:	Debtor 1 only	the amount of any secure	d claims on Schedule L
	Year:	Debtor 2 only	Creditors Who Have Clair	ms Securea by Property
	***	Debtor 1 and Debtor 2 only	Current value of the	Current value of t
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:		Ф	Φ.
		☐ Check if this is community property (see instructions)	ა	\$
Zam ZNN NY	<i>ples:</i> Boats, trailers, motors, persona o	s and other recreational vehicles, other vehicles, and acces al watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one.	ries	ims or exemptions. Put
ixam IN IY	ples: Boats, trailers, motors, persona o es	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	d claims on Śchedule D ns Secured by Property Current value of t
Zin Zin Ziy	ples: Boats, trailers, motors, persona o es Make: Model: Year:	watercraft, fishing vessels, snowmobiles, motorcycle accesso Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on <i>Śchedule D</i>
ŽÍN JY: I.1.	ples: Boats, trailers, motors, personate bes Make: Model: Year: Other information: own or have more than one, list here	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any secure Creditors Who Have Clain	d claims on Śchedule D ns Secured by Property Current value of tl
ŽÍN JY: I.1.	ples: Boats, trailers, motors, personate bes Make: Model: Year: Other information:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clain	d claims on Schedule Das Secured by Property Current value of the portion you own? \$
∄ N	ples: Boats, trailers, motors, personates Make: Model: Year: Other information: own or have more than one, list here	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secured Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D as Secured by Property Current value of ti portion you own? \$
∄ N	ples: Boats, trailers, motors, personate Make: Model: Year: Other information: own or have more than one, list here Make:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured claithe amount of any secured Creditors Who Have Claim	d claims on Schedule Das Secured by Property Current value of the portion you own? \$
∄ N	ples: Boats, trailers, motors, personate bes Make: Model: Year: Other information: own or have more than one, list here Make: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any securec Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured claithe amount of any secured	d claims on Schedule D as Secured by Property Current value of ti portion you own? \$
∄ N	ples: Boats, trailers, motors, personate bes Make: Model: Year: Other information: own or have more than one, list here Make: Model: Year: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the	d claims on Schedule Das Secured by Property Current value of the portion you own? \$
∄ N	ples: Boats, trailers, motors, personate bes Make: Model: Year: Other information: own or have more than one, list here Make: Model: Year: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the	d claims on Schedule Less Secured by Property Current value of tage of the portion you own? \$
∄ N	ples: Boats, trailers, motors, personate bes Make: Model: Year: Other information: own or have more than one, list here Make: Model: Year: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property? Check one. Check if this is community property (see	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the	d claims on Schedule Less Secured by Property Current value of the portion you own? \$ ims or exemptions. Pull claims on Schedule Dess Secured by Property Current value of the portion you own?
∄ N	ples: Boats, trailers, motors, personate bes Make: Model: Year: Other information: own or have more than one, list here Make: Model: Year: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property? Check one. Check if this is community property (see	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clai the amount of any secured Creditors Who Have Claim Current value of the	d claims on Schedule Ins Secured by Propert Current value of portion you own? \$ ims or exemptions. Put I claims on Schedule It is Secured by Property Current value of 1 portion you own?

Document Page 13 of 74

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main

Debtor 1

MARSHEA BOYD
First Name Middle Name

Last Name

Case number (if known)__

Fá	Describe Yo	ur Personal and Household Items		
Do	you own or have any	legal or equitable interest in any of the following items?	Current value portion you Do not deduct or exemptions.	own?
6.	Household goods and	l furnishings		
	Examples: Major applia	nces, furniture, linens, china, kitchenware		
	☐ No	AND THE RESIDENCE AND ADDRESS		
	Yes. Describe	BED, BEDDING, CHAIRS, COOKING UTENSILS, COUCH, EATING UTENSILS, MICROWAVE, AND TOWELS	\$	600.00
7.	Electronics			
	collections;	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games		
	☐ No		70 11147g	
	Yes. Describe	COMPUTER, SMARTPHONE, AND TV	\$	600.00
8. (Collectibles of value		ent-us	
	Examples: Antiques and stamp, coin, ☑ No	f figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe		\$	0.00
9. E	Equipment for sports a	The state of the s	d	
	Examples: Sports, photo	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
1	☑ No			
(Yes. Describe		\$	0.00
10. F	irearms		d	
E	Examples: Pistols, rifles,	shotguns, ammunition, and related equipment		
•	☑ No			
[Yes. Describe		\$	0.00
11. C	lothes			
	Examples: Everyday clot DNo	thes, furs, leather coats, designer wear, shoes, accessories		
•	Yes. Describe	ALL CLOTHES AND FOOTWEAR	\$	200.00
. A I	aalm.			
	ewelry Examples: Everyday jew gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
<u> </u>	2 No			
	Yes. Describe		\$	0.00
3. N	on-farm animals	WWW. William and another approximation and according to the control of the contro		
Е		rds, horses		
	☐ No			
	72	DOG	1	20.00
•			\$	20.00
		household items you did not already list, including any health aids you did not list		
_	No S			
Ĺ	Yes. Give specific information		\$	0.00
5. A	dd the dollar value of	all of your entries from Part 3, including any entries for pages you have attached		4400.00
fe	or Part 3. Write that nu	mber here	\$	1420.00

Document

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Page 14 of 74

Debtor 1

MARSHEA BOYD
First Name Middle Name

Last Name

Case number (if known)_

Doub A.	
	١
10 10 10 10 10 10 10 10 10 10 10 10 10 1	i

Describe Your Financial Assets

Do you own or have an	y legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash <i>Examples:</i> Money you	ı have in your wallet, in your ho	me, in a safe deposit box, and on hand when you file your petition	
☐ No ☑ Yes			\$ 5.00
			Ψ
17. Deposits of money Examples: Checking, and other s	savings, or other financial accor similar institutions. If you have n	unts; certificates of deposit; shares in credit unions, brokerage hou nultiple accounts with the same institution, list each.	uses,
Yes		Institution name:	
	17.1. Checking account:	NAVY FEDERAL	\$0.00
	17.2. Checking account:	BANK OF AMERICA	\$ 0.00
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		
	17.8. Other financial account:		
	17.9. Other financial account;		
Examples: Bond funds, No	or publicly traded stocks investment accounts with broken	erage firms, money market accounts	
☐ Yes	Institution or issuer name:		
			\$
			* *************************************
			\$
9. Non-publicly traded st an LLC, partnership, a	tock and interests in incorpor and joint venture	ated and unincorporated businesses, including an interest in	1
☑ No	Name of entity:	% of ownership:	
Yes. Give specific information about		%	\$
them		%	\$
		%	\$

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 15 of 74

De

MARSHEA BOYD

ebtor 1	MAKS	HEY ROAF	<u>) </u>	Case number (if known)
	First Name	Middle Name	Last Name	The state of the s

Non-negotiable instrum	reme are anote you ou			
☑ No ☐ Yes. Give specific	Issuer name:			
information about them			\$	
	***************************************		\$	
. Retirement or pension				
	RA, ERISA, Keogh, 40	01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
☐ No ☑ Yes. List each				
account separately.	Type of account:	Institution name:		
	401(k) or similar plan:	VERIZON	\$	785.0
	Pension plan:		\$	
	IRA:		\$	
	Retirement account:			
	Keogh:			
	Additional account:			
			\$	
Your share of all unused Examples: Agreements	Additional account: prepayments I deposits you have ma	ade so that you may continue service or use from a company		
Your share of all unused	Additional account: prepayments I deposits you have ma			
Your share of all unused Examples: Agreements of companies, or others	Additional account: prepayments I deposits you have ma with landlords, prepaid	ade so that you may continue service or use from a company		
Your share of all unused Examples: Agreements of companies, or others No	Additional account: prepayments I deposits you have ma with landlords, prepaid	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications		
Your share of all unused Examples: Agreements of companies, or others No	Additional account: prepayments I deposits you have may with landlords, prepaid	ade so that you may continue service or use from a company drent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$	
Your share of all unused Examples: Agreements of companies, or others No	Additional account: prepayments I deposits you have may with landlords, prepaid Inst	ade so that you may continue service or use from a company drent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$ \$	
Your share of all unused Examples: Agreements of companies, or others No	Additional account: prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil:	ade so that you may continue service or use from a company drent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$ \$	
Your share of all unused Examples: Agreements of companies, or others No	Additional account: prepayments I deposits you have may with landlords, prepaid Inst Electric: Gas: Heating oil:	ade so that you may continue service or use from a company dirent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$ \$	
Your share of all unused Examples: Agreements of companies, or others No	Additional account: prepayments I deposits you have may with landlords, prepaid Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone:	ade so that you may continue service or use from a company dirent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$ \$	
Your share of all unused Examples: Agreements of companies, or others No	Additional account: prepayments I deposits you have may with landlords, prepaid Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water:	ade so that you may continue service or use from a company dirent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$ \$	
Your share of all unused Examples: Agreements of companies, or others No	Additional account: prepayments I deposits you have may with landlords, prepaid Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture:	ade so that you may continue service or use from a company dirent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$ \$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements of companies, or others No	Additional account: prepayments I deposits you have may with landlords, prepaid Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water:	ade so that you may continue service or use from a company dirent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$ \$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements of companies, or others ✓ No ✓ Yes	Additional account: prepayments I deposits you have may with landlords, prepaid with landlords and landlords. Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company dirent, public utilities (electric, gas, water), telecommunications titution name or individual:	\$\$ \$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements of companies, or others No Yes	Additional account: prepayments I deposits you have may with landlords, prepaid with landlords and landlords. Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company defent, public utilities (electric, gas, water), telecommunications ditution name or individual:	\$\$ \$\$ \$\$ \$\$	
Examples: Agreements of companies, or others No Yes Annuities (A contract for No	Additional account: prepayments I deposits you have may with landlords, prepaid with landlords and landlords. Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications ditution name or individual: State	\$\$ \$\$ \$\$ \$\$	
Your share of all unused Examples: Agreements of companies, or others ✓ No ✓ Yes	Additional account: prepayments I deposits you have may with landlords, prepaid with landlords prepaid landlords. Electric: Gas: Heating oil: Security deposit on rent Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications ditution name or individual: State	\$\$ \$\$ \$\$ \$\$ \$\$	

Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Case 19-05315-hb

Document MARSHEA BOYD
First Name Middle Name

Page 16 of 74

Case number (if known)__

First Name Middle	Name	Last Name	OF (IF KNOWIT)	
24 Interests in an education IP/	l in an acco	unt in a qualified ADI E program on under a succession	-4-4- 4-141	
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b	unt in a qualified ABLE program, or under a qualified o)(1).	state tuition program.	
☑ No	•	•		
☐ Yes	Institution n	ame and description. Separately file the records of any int	erests 11 II S C - 8 521	(0):
		and and decempness. Coparatory include records or any in	0.0.0. 8 321	(O).
				. \$
				\$
				\$
25. Trusts, equitable or future in	terests in pro	operty (other than anything listed in line 1), and rights	or powers	
☑ No				
☐ Yes. Give specific				111111471111
information about them				\$0.00
26 Patente conveighte trademe		The state of the s		
		ecrets, and other intellectual property s, proceeds from royalties and licensing agreements		
☑ No	,	The same of the sa		
Yes. Give specific	and the second of the second s			
information about them				\$0.00
L model	999) 171090 1 1886-7948 (Paris IV in 1860 (Paris Rose) 4			
27. Licenses, franchises, and oth				
	ciusive licens	es, cooperative association holdings, liquor licenses, prof	essional licenses	
No I v				
Yes. Give specific information about them				\$ 0.00
	THE STATE OF THE S			Ψ
Money or property owed to you?				Current value of the
•				portion you own?
				Do not deduct secured claims or exemptions.
28. Tax refunds owed to you				·
☑ No				
☐ Yes. Give specific information	on		1	Φ.
about them, including v you already filed the re			Federal:	\$
and the tax years			State:	\$
			Local:	\$
29. Family support Evamples: Past due or lump sur	m alimony er	pousal support, child support, maintenance, divorce settle		
No	ii aminoriy, sp	rousal support, offild support, maintenance, divorce settlet	nent, property settleme	ent
Yes. Give specific information	.n			
Tes, oive specific information	///		Alimony:	\$
			Maintenance:	\$
			Support:	\$
			Divorce settlement:	\$
	rit-underween voorwerin		Property settlement:	\$
30. Other amounts someone owe	s vou		l.	
Examples: Unpaid wages, disab	ility insurance	e payments, disability benefits, sick pay, vacation pay, wo	orkers' compensation,	
Social Security bene	tits; unpaid lo	pans you made to someone else		
No Vac Civa appaifia informatio	_			V
Yes. Give specific information	n			\$0.00

Debtor 1

First Name

Document

Page 17 of 74

Debtor 1

MARSHEA BOYD First Name Middle Name

Last Name

Case number (if known)_

31. Interests in insurance policies Examples: Health, disability, or life insural	nce;health savings account (HSA);credit, homeowner's, or renter's insurance	
☑ No			
Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
			\$
			\$
			\$
32. Any interest in property that is due you If you are the beneficiary of a living trust, e property because someone has died. No	from someone who has di		
☐ Yes. Give specific information			\$0.00
33. Claims against third parties, whether or Examples: Accidents, employment disputeNo	not you have filed a lawsus, insurance claims, or rights	iit or made a demand for payment to sue	
☐ Yes. Describe each claim		NOTO NOT THE PERSON OF THE PER	\$ 0.00
34. Other contingent and unliquidated claim		g counterclaims of the debtor and rights	Ψ
to set off claims ☑ No		-	
Yes. Describe each claim.	THE STATE OF THE S		
Į.,			\$0.00
35. Any financial assets you did not already	list		
No No			
Yes. Give specific information			\$
36. Add the dollar value of all of your entries			\$ 790.00
ioi rait 4. write that number here		→	\$
Part 5: Describe Any Business-F	Related Property You	Own or Have an Interest In. List any r	eal estate in Part 1.
37. Do you own or have any legal or equitab	le interest in any business	-related property?	
☑ No. Go to Part 6.			
Yes. Go to line 38.			
			Current value of the portion you own? Do not deduct secured claims or exemptions.
8. Accounts receivable or commissions you	u already earned		
□ No	T V. M. (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
Yes. Describe			\$
9. Office equipment, furnishings, and supp	lies		1
Examples: Business-related computers, software,		nachines, rugs, telephones, desks, chairs, electronic devices	
□ No			poe
Yes. Describe			\$
Learned their observations of a contract and a cont	and the control of th)

Debtor 1	MARSHEA BOYD Document Page 18 of 74	mhar ((Curan)	
20001	First Name Middle Name Last Name Case nun	nber (if known)	
40 Machine	ery, fixtures, equipment, supplies you use in business, and tools of your trade		
□ No	sy, fixures, equipment, supplies you use in business, and tools of your trade		
	Describe	***************************************	as I Color and
			\$
41. Inventor	y		M MARIN,
☐ Yes.	Describe		\$
		TI AN AIR MAIN AND AND AND AND AND AND AND AND AND AN	
42. Interests	in partnerships or joint ventures		
☐ No			
☐ Yes.	Describe Name of entity:	% of ownership:	
		<u> </u>	\$
		%	\$
		%	\$
	r lists, mailing lists, or other compilations		
☐ No			
	Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101	(41A))?	
	☐ No ☐ Yes. Describe		
			\$
44 Amerikaan		PERSONAL PROPERTY AND THE STREET, VALUE AND ASSESSMENT	
44. Any busi	ness-related property you did not already list		
	Give specific		¢
inforn			Φ
	-		\$
			\$
	L		\$
		***************************************	\$
			\$
45. Add the o	tollar value of all of your entries from Part 5, including any entries for pages you hav . Write that number here	e attached	\$0
ior Fait s	. Write that number here	7	
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own o	r Have an Interest II	1.
1	f you own or have an interest in farmland, list it in Part 1.	Marie Control of the	
46 Do vou ov	vn or have any legal or equitable interest in any farm- or commercial fishing-related	nranarty?	
🗹 No. G	o to Part 7.	property:	
☐ Yes. G	Go to line 47.		
			Current value of the
			portion you own? Do not deduct secured claims
47. Farm anii	nais		or exemptions.
	: Livestock, poultry, farm-raised fish		
☐ No			
☐ Yes		lige to provide the transport of the state o	****

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 19 of 74

| MARSHEA BOYD | Case number (if known) | Case n

r a St. Marite Middle Marite Last Marite		
8. Crops—either growing or harvested		
□ No		**************************************
Yes. Give specific information		\$
Farm and fishing equipment, implements, machinery, fixto		
□ No □ Yes		
		\$
Farm and fishing supplies, chemicals, and feed		
☐ No ☐ Yes		
		\$
Any farm- and commercial fishing-related property you did	d not already list	•
☐ No ☐ Yes. Give specific		47.0,000,001
information		\$
Add the dollar value of all of your entries from Part 6, inclu		\$ 0.0
for Part 6. Write that number here	······································	
t 7: Describe All Property You Own or Have		
Describe All Property Fou Own or navi	e an Interest in That You Did Not List Abov	е
Do you have other property of any kind you did not alread Examples: Season tickets, country club membership	y list?	
☑ No		
Yes. Give specific information		\$
		\$
Add the dollar value of all of your entries from Part 7. Write	e that number here	\$
t 8: List the Totals of Each Part of this For	m	
Part 1: Total real estate, line 2		\$ 0.00
Part 2: Total vehicles, line 5	\$1950.00	
Part 3: Total personal and household items, line 15	\$1420.00	
Part 4: Total financial assets, line 36	\$	
Part 5: Total business-related property, line 45	\$0	
Part 6: Total farm- and fishing-related property, line 52	\$0.00	
Part 7: Total other property not listed, line 54	+ \$0	
otal personal property. Add lines 56 through 61	\$Copy personal property total	→ + _{\$} 4160.00
	hannessanannannannannannannannannannannannann	4400.00
otal of all property on Schedule A/B. Add line 55 + line 62		\$4160.00

Debtor 1

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 20 of 74

F	ill in this ir	ıform	ation to identify	your case:						
	ebtor 1	MAI	RSHEA BOYE)						
		First N		Middle Name		Last Name	***************************************			
	lebtor 2 Spouse, if filing)	First N	ame	Middle Name		Last Name				
U	nited States	Bankru	ptcy Court for the:	DISTRICT	OF SOUT	ΓΗ CARO	LINA			
	ase number If known)									Check if this is ar amended filing
										g
			n 106C							
S	ched	ul	e C: Th	e Prop	perty	You	Clain	ı as Exemp	t	04/19
Usi spa	ng the prop ce is neede	erty yo d, fill	ou listed on <i>Sche</i>	<i>dule A/B: Prop</i> this page as r	p <i>erty</i> (Officia	Form 106A	/B) as your	are equally responsible for source, list the property tha ge as necessary. On the top	t you claim as exe	empt. If more
of a retii limi wou	ny applica rement fun ts the exen ild be limit	ble st ds—r nptioned to	atutory limit. So nay be unlimited	me exemptio I in dollar am dollar amour tatutory amo	ons—such a nount. Howe nt and the va unt.	s those for ever, if you calue of the	health aids :laim an exe	value of the property beir , rights to receive certain emption of 100% of fair m determined to exceed tha	benefits, and tax arket value unde	c-exempt er a law that
2.	☐ You ar	e clai	ming state and fe ming federal exer y you list on Sc	nptions. 11 U	.S.C. § 522(b)(2)	-	(b)(3) information below.		
			on of the property hat lists this prop		Current va		Amount of	the exemption you claim	Specific laws t	that allow exemption
					Copy the va Schedule A		Check only	one box for each exemption.		
	Brief description	ո։	HOUSEHOLD GOOD	os	\$	600.00	9 \$	600.00	S.C. Code Ann, § 15	-41-30 (A)(3)
	Line from Schedule	A/B:	6					of fair market value, up to olicable statutory limit		
	Brief description	ղ:	ELECTRONICS		\$	600.00	9 \$	600,00	S.C. Code Ann. § 15-	41-30 (A)(7)
	Line from Schedule	A/B:	7					of fair market value, up to olicable statutory limit		
	Brief description	n:	CLOTHES		\$	200.00	9 \$	200.00	S.C. Code Ann. § 15-	41-30 (A)(3)
	Line from Schedule	A/B:	11					of fair market value, up to blicable statutory limit		
3.			g a homestead							
	(Subject to	adjus	tment on 4/01/22	and every 3 y	years after th	nat for cases	filed on or a	after the date of adjustment.	.)	
	Yes. D		acquire the prop	erty covered b	oy the exemp	otion within	,215 days b	efore you filed this case?		
	U N									

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 21 of 74

Debtor 1

MARSHEA BOYD

Firet Mona	Middle Mones	I and Manage

Case number (if known)____

Part 2:

Additional Page

	ion of the property and line 4/B that lists this property	Current value		Am	ount of the	exemption you claim	Specific laws that allow exemption
		Copy the value Schedule A/B		Che	eck only one	box for each exemption	
Brief description:	PERSONAL ANIMALS	\$	20.00	Ø	' \$	20.00	S.C. Code Ann. § 15-41-30 (A)(3)
Line from Schedule A/B:	_13	*			100% of fai	r market value, up to ble statutory limit	
Brief description:	CASH	\$	5.00		\$	5.00	S.C. Code Ann. § 15-41-30 (A)(5)
Line from Schedule A/B:	16					r market value, up to ble statutory limit	
Brief description:	NAVY FEDERAL	\$	0.00	Ø		0.00	S.C. Code Ann. § 15-41-30 (A)(7)
Line from Schedule A/B:	<u>17</u>					r market value, up to ble statutory limit	
Brief description:	BANK OF AMERICA	\$	0.00	9		0.00	S.C. Code Ann. § 15-41-30 (A)(7)
Line from Schedule A/B:	<u>17</u>					market value, up to ble statutory limit	
Brief description:	VERIZON	\$	785.00	9		85.00	11 U.S.C. § 522(d)(10)
Line from Schedule A/B;	21					market value, up to ble statutory limit	11 U.S.C. § 522(d)(12)
Brief description:		\$					
Line from Schedule A/B:						market value, up to ble statutory limit	
Brief description:		\$					
Line from Schedule A/B:						market value, up to ble statutory limit	
Brief description:		\$			***************************************	***************************************	
Line from Schedule A/B:						market value, up to de statutory limit	
Brief description:		\$	-				
Line from Schedule A/B:	www.ministratural.com					market value, up to le statutory limit	
Brief description:		\$					
Line from Schedule A/B:						market value, up to le statutory limit	
Brief description:		\$	·····	Q \$		annual de la constanta de la c	
Line from Schedule A/B:						market value, up to le statutory limit	
Brief description:		\$					
Line from Schedule A/B:						market value, up to le statutory limit	

	Document Page 22 of 74			
Fill in this information to identify your cas	e:			
MARCHEAROVO				
Debtor 1 IVIANSHEA BOYD First Name Middle N	ame Last Name			
Debtor 2 (Spouse, if filing) First Name Middle N	ame Last Name			
United States Bankruptcy Court for the: DISTRI	CT OF SOUTH CAROLINA			
Case number				
(If known)			☐ Check i	
			amende	ea tiling
Official Form 106D				
Schedule D: Creditors	s Who Have Claims Secure	ed by Pror	pertv	12/15
	If two married people are filing together, both are ed			
information. If more space is needed, copy additional pages, write your name and cas	the Additional Page, fill it out, number the entries, .	and attach it to this	form. On the top of	any
additional pages, write your name and cas	e number (ii known).			
1. Do any creditors have claims secured by	•			
Yes, Fill in all of the information below.	n to the court with your other schedules. You have nothi	ng else to report on t	his form.	
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor has me	ore than one secured claim, list the creditor separately	Column A Amount of claim	Column B Value of collateral	Column C Unsecured
	s a particular claim, list the other creditors in Part 2.	Do not deduct the	that supports this	portion
21		value of collateral.		If any
ONE MAIN Creditor's Name	Describe the property that secures the claim:	\$ 3500.00	\$ 1950.00 s	1550.00
330 HARRISON BRIDGE ROAD	VEHICLE IMPALA CHEVROLET			
Number Street	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
SIMPSONVILLE SC 29680 City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 onlyAt least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred 2.2	Last 4 digits of account number	on an anna an tagailtíon agus agus agus agus agus an ann an	t 1849 kilotoolojida 1888. kiisi kuntooloji joolajate, heri ile eliv-loopid Askalojida dajada apetiikkku maanast	nin vienimininamininterranioossa masoos
Creditor's Name	Describe the property that secures the claim:	\$	\$\$	
Number Street	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed			
Debtor 1 only	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured)			
☐ Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
	Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number		ersterlare datastes strongen fren ekkenten kontroller (1855/4 data) oktober 1866 (1866 (1866 (1866 (1866)))	an constitutiva angles angles and escale to the featible of an indicated states of the state of the state of the
Add the dollar value of your entries in C	olumn A on this page. Write that number here:	\$3500		

Case 19-05315-hb Doc 1	Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 23 of 74
Fill in this information to identify your case:	Document Page 23 of 74
Debtor 1 MARSHEA BOYD First Name Middle Name	Last Name
Debtor 2	
(Spouse, if filling) First Name Middle Name	
United States Bankruptcy Court for the: DISTRICT OF	☐ Check if this is an
Case number(if known)	amended filing
(ii Alberti)	
Official Form 106E/F	
Schedule E/F: Creditors W	ho Have Unsecured Claims 12/15
A/B: Property (Official Form 106A/B) and on Scheducreditors with partially secured claims that are liste	
 Do any creditors have priority unsecured claims No. Go to Part 2. 	against you?
☑ Yes.	
each claim listed, identify what type of claim it is. If a nonpriority amounts. As much as possible, list the c	editor has more than one priority unsecured claim, list the creditor separately for each claim. For a claim has both priority and nonpriority amounts, list that claim here and show both priority and laims in alphabetical order according to the creditor's name. If you have more than two priority Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. Instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount
77	
CHECK INTO CASH Priority Creditor's Name	Last 4 digits of account number UNKNOWN \$ 632.00 \$ 632.00
654 FAIRVIEW ROAD	When was the debt incurred? 2018
Number Street	
C SIMPSONVILLE SC 29680	As of the date you file, the claim is: Check all that apply.
SIMPSONVILLE SC 29680 City State ZIP Code	Contingent
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed
Debtor 1 only	□ Disputed
Debtor 2 only	Type of PRIORITY unsecured claim:
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Domestic support obligations
Check if this claim is for a community debt	 ✓ Taxes and certain other debts you owe the government ✓ Claims for death or personal injury while you were
Is the claim subject to offset?	intoxicated
☑ No	Other. Specify
☐ Yes	
2 STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE	Last 4 digits of account number <u>UNKNOWN</u> \$ 400.00 \$ 400.00 \$
Priority Creditor's Name 33 VILLA ROAD	When was the debt incurred? 2019
Number Street	A - of the data vary file the claim in Check of that conty
401	As of the date you file, the claim is: Check all that apply.
GREENVILLE SC 29615 City State ZIP Code	☐ Contingent ☐ Unliquidated
Who incurred the debt? Check one.	☐ Disputed
Debtor 1 only	
Debtor 2 only	Type of PRIORITY unsecured claim: Domestic support obligations
	La Lornestic Support optications

☑ No ☐ Yes

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community debt

Other. Specify _

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were intoxicated

Debtor 1

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main MARSHEA BOYD Page 24 of 74 Case number (# known)

Last Name

	LIST All OF YOUR NUMPRIO	MILI OIIS	secured Cianns		·		
3.	Do any creditors have nonpriority un No. You have nothing to report in the Yes						
4.	List all of your nonpriority unsecured nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of	ditor separa ditor holds	ately for each claim	 For each claim listed, identify wh 	at type of claim it is. Do not	t list c	laims already
						Te	tal alaim
4	1					10	tal claim
	CAPITAL ONE			Last 4 digits of account number	2100	•	381.00
	Nonpriority Creditor's Name			When was the debt incurred?	2/27/14	\$	301.00
	11013 W BROAD ST Number Street	***************************************		which was the debt medited:	<u></u>		
	GLEN ALLEN	VA	23060				
	City	State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	,			· ·			
	Who incurred the debt? Check one.			Contingent			
	Debtor 1 only			Unliquidated Disputed			
	Debtor 2 only			☐ Disputed			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ırad clalmı		
	At least one of the debtors and another				neu ciaini.		
				Student loans			
	Check if this claim is for a commu	nity debt		Obligations arising out of a separathat you did not report as priority	ration agreement or divorce		
	Is the claim subject to offset?			Debts to pension or profit-sharing			
	☑ No			Other. Specify CREDIT CA			
	☐ Yes				P 20 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
\neg		titoit-ittiitioniteettelistisinessi olesia	tanka tika 1904 menindikan heri sebagai halamingan opi sekala tika gangan papa sebagai sebagai papa papa papa s			North North Control of Control	410.00
	CAPITAL ONE			Last 4 digits of account number		\$	416.00
	Nonpriority Creditor's Name			When was the debt incurred?	8/21/18		
	11013 W BROAD ST						
	Number Street		2000	As of the date you file, the claim	ic: Chack all that apply		
	GLEN ALLEN City	VA State	23060 ZIP Code		is. Oneck all that apply.		
	Only .	Olale	ZIF Gode	Contingent			
	Who incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only			Type of NONPRIORITY unsecu	rad alalm:		
	Debtor 1 and Debtor 2 only			••	ireu ciaiiii.		
	At least one of the debtors and another			Student loans			
	☐ Check if this claim is for a commu	nity debt		Obligations arising out of a separ that you did not report as priority			
	is the claim subject to offset?			Debts to pension or profit-sharing			
	No			Other, Specify CREDIT CA	ARD		
	Yes						
7			эт найман хэр дэг на на найм на найм на найм на найм найм	+ 3 + 3 + 3 + 3 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 3 + 4 + 4		etelomieni kolonia	esticabilit en alecte i de la fermion el la central actual actual per que describation, per proprie
	DIVERSIFIED			Last 4 digits of account number	3206	Œ	1562.00
	Nonpriority Creditor's Name			When was the debt incurred?	7/29/18	Ψ	1002.00
	POB 551268 Number Street						
	Number Street JACKSONVILLE	FL	32255				
	City	State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
				☐ Contingent			
	Who incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only			•			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	red claim:		
	At least one of the debtors and another			☐ Student loans			
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separ	ation agreement or divorce		
	Is the claim subject to offset?			that you did not report as priority	claims		
	☑ No			Debts to pension or profit-sharing			
	☐ Yes			Other. Specify <u>COLLECTIO</u>	JN		

Debtor 1

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main MARSHEA BOYD Document Page 25 of 74 Case number (# known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

Aft	er listing any entries on this page, number the	m beginning v	with 4.4, followed by 4.5, and so forth.	Total claim
4.4	DPT ED/NAVI		Last 4 digits of account number 1209	_{\$} 7114.00
	Nonpriority Creditor's Name			\$ 7114.00
	PO BOX 9635		When was the debt incurred? $5/12/15$	Dental
	Number Street		As of the date you file, the claim is: Check all that apply.	IIIIIII
	WILKES BARRE PA	18773	· · · · · · · · · · · · · · · · · · ·	SALANATA PARA
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	Observation along to some community debt		you did not report as priority claims	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify	
	☑ No			
	Yes			
4.5	DPT ED/NAVI		Last 4 digits of account number 0926	_{\$} 6216.00
	Nonpriority Creditor's Name		0/00/40	
	PO BOX 9635		When was the debt incurred? $9/26/16$	
	Number Street	***************************************	A set the state was the three states to Ot and all the territor	
	WILKES BARRE PA	18773	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated	
			Disputed	
	Debtor 1 only		Town (NONDRIODITY)	:
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		Other. Specify	
	☑ No		- Other opening	
	☐ Yes			
4.6		Artado si Alastro tradicio de Artado (Artado Artado Artado (Artado Artado (Artado (Artado (Artado (Artado (Art		_{\$} 4529.00
	DPT ED/NAVI		Last 4 digits of account number 1209	*
	Nonpriority Creditor's Name		When was the debt incurred? 5/12/15	
	PO BOX 9635		when was the debt incurred? 3/12/13	
	Number Street WILKES BARRE PA	18773	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
			Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	to said amplying
	☐ Check if this claim is for a community debt		you did not report as priority claims	water or or or
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	A state of the sta
	✓ No ☐ Yes		Other. Specify	

Debtor 1

Part 2:

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main MARSHEA BOYD Document Page 26 of 74 Case number (# known)

Middle Name

Last Name

ur	NONPRIORITY	linsocured	Claime _	Continuation	Dano
uı	MOMENTORILI	unsecurea	Ciaims —	Continuation	rage

		eginning with 4.4, followed by 4.5, and so forth.	Total claim
4.7	DPT ED/NAVI	Last 4 digits of account number 0224	_{\$} 27027.00
	Nonpriority Creditor's Name	0/04/44	\$ 27027.00
	PO BOX 9635	When was the debt incurred? $2/24/14$	
	Number Street WILKES BARRE PA	As of the date you file, the claim is: Check all that apply.	
	City State ZII Who incurred the debt? Check one.	Code Contingent Unliquidated	
	Debtor 1 only	☐ Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	☑ No □ Yes		
.8.	DPT ED/NAVI	Last 4 digits of account number 0925	s 2263.00
	Nonpriority Creditor's Name	Villa Opida dayi waqii waa ka wa ka wa wa wa ka wa	ų
	PO BOX 9635 Number Street	When was the debt incurred? 9/25/17	
		As of the date you file, the claim is: Check all that apply.	
		Code	
		Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	☑ No ☑ Yes		
.9	DPT ED/NAVI	Last 4 digits of account number 0926	_{\$} 3518.00
	Nonpriority Creditor's Name	When was the debt incurred? 9/26/16	2000
	PO BOX 9635 Number Street	we description of the second s	
		As of the date you file, the claim is: Check all that apply.	
	Oily State Zir	Code Contingent Unliquidated	And the state of t
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only		***************************************
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	✓ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	procupation
	Check if this claim is for a community debt	you did not report as priority claims	77
	ls the claim subject to offset? ☑ No	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	***************************************

Debtor 1

MARSHEA BOYD First Name

Document Page 27 of 74
Case number (If known)

Middle Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Last Name

listing any entries on this page, number them beginning	with 4.4, followed by 4.5, and so forth.	Total claim
DPT ED/NAVI	Last 4 digits of account number 0925	s 3228.0
Nonpriority Creditor's Name	0/05/17	\$_ 0 _20.0
PO BOX 9635	When was the debt incurred? $9/25/17$	
Number Street	As of the date you file, the claim is: Check all that apply.	
WILKES BARRE PA 18773		
City State ZIP Code	☐ Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
I No	Other. Specify	
☑ No ☑ Yes		
DPT ED/NAVI	Last 4 digits of account number 0115	_{\$} 3017.0
onpriority Creditor's Name	4/4 4/4 0	
PO BOX 9635	When was the debt incurred? $\frac{1/14/16}{}$	
lumber Street	As of the date you file, the claim is: Check all that apply.	
WILKES BARRE PA 18773	——————————————————————————————————————	
Ity State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	✓ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
s the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
•	Other. Specify	
1 No 1 Yes		
	Last 4 digits of account number 0115	\$ <u>818.0</u>
onpriority Creditor's Name		
O BOX 9635	When was the debt incurred? $\frac{1/14/16}{}$	
umber Street VILKES BARRE PA 18773	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	☐ Contingent	
# 1 14 1140 o	☐ Unliquidated	
/ho incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☑ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
-	Other. Specify	
1 No		

Debtor 1

MARSHEA BOYD

First Name

Document

Page 28 of 74

Middle Name

Last Name

Case number (if known)_

Afte	er listing any entries on this p	age, number th	nem beginning wi	ith 4.4, followed by 4.5, and so forth.	Total claim
4.13	EASYPAY/DVRA			Last 4 digits of account number 6813	§ 3585.00
	Nonpriority Creditor's Name			When was the debt incurred? 7/6/18	
	2701 LOKER AV WEST		······		
	Number Street CARLSBAD	CA	92008	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
				Unliquidated	
	Who incurred the debt? Check	one.		☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	☐ At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a d	community debt	:	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify OTHER	
	☑ No			other. Specify Street	
	☐ Yes				
.14	GM FINANCIAL	ermene kalandak en ovaldanning kang upper volve ellere kiloneliste ova en ova	net stempermenssmed detterplane med bastrille til det blevelske blevelske blevelske blevelste blevelste de ble	Last 4 digits of account number 1094	s 7741.00
	Nonpriority Creditor's Name	·		······································	·
	PO BOX 9130			When was the debt incurred? $4/30/14$	
	Number Street			A. A	
	FORT WORTH	TX	76147	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
				☐ Unliquidated	
	Who incurred the debt? Check of	one.		☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a c	ommunity debt		you did not report as priority claims	
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify AUTOMOBILE	
	☑ No			Other. Specify NOTOWODILL	
	☐ Yes				
.15	KIMBRELLS	44, CARTON (1983) - ANNO 1883 - CARTON (1884)	10. let Trivi et in Letter halle distale selen et a selen essen plantage de pertane inschale disposable.	Last 4 digits of account number UNKNOWN	<u>\$ 900.00</u>
	Nonpriority Creditor's Name			The state of the s	
	129 NORTH MAIN STREET			When was the debt incurred? 2018	
	Number Street			namental de la constant de la consta	
	FOUNTAIN INN	SC	29644	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
				Unliquidated	
	Who incurred the debt? Check of	ne.		☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and a	another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a c	ommunity debt		you did not report as priority claims	
	Is the claim subject to offset?			 □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify FURNITURE 	
	No			Other, Specify 1 Of the 11 Of the	
	No No				

Debtor 1

MARSHEA BOYD

Middle Name

First Name

Document Page 29 of 74

Case number (If known)_

	3	9
		4

Your NONPRIORITY Unsecured Claims — Continuation Page

Last Name

	g any onchos on ans page, n	idilibei tile	an beginning wi	th 4.4, followed by 4.5, and so forth.		Total claim
4.16 MR. TR	ANSMISSION			Last 4 digits of account number	UNKNOWN	s 2500.00
Nonprio	rity Creditor's Name			NO CONTRACTOR OF THE CONTRACTO		\$ 2000.00
515 SO	UTH PLEASANTBURG DRIVE			When was the debt incurred?	2018	
Number		***************************************		As of the date you file, the claim	is: Check all that apply.	
GREEN	VILLE	SC	29607	· ·	To Chook an that apply:	
City Who i r	ncurred the debt? Check one.	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐		
🔽 Del	otor 1 only			Diopatou		
Det	otor 2 only			Type of NONPRIORITY unsecur	ed claim:	
	otor 1 and Debtor 2 only			☐ Student loans		
Li At l	east one of the debtors and anothe	r		Obligations arising out of a separ		
☐ Che	eck if this claim is for a commi	unity debt		you did not report as priority clain		
Is the o	claim subject to offset?			Debts to pension or profit-sharing Other, Specify PAYDAY LO	plans, and other similar debts	
Ø No	Jann Jack to Uniout.			Other. Specify 1771 D771 LC		
☐ Yes						
.17 NAVY F	EDERAL	400 feld feld fild hed light for State (1994 of St	d millest till det til til til ste skrivet skrivet fra det skrivet men men men skrivet å bespring og og og og	Last 4 digits of account number	7247	\$ 1165.00
	ty Creditor's Name					
820 FOL	LIN LANE			When was the debt incurred?	1970	
Number	Street		***************************************	As of the date you file, the claim	is: Chack all that annly	
VIENNA		VA	22180	— — As of the date you me, the claim	ів. Спеск ан тат арріу.	
City		State	ZIP Code	Contingent		
Who in	curred the debt? Check one.			Unliquidated Disputed		
Deh Deh	tor 1 only			Disputed		
	tor 2 only			Type of NONPRIORITY unsecure	ed claim:	
	tor 1 and Debtor 2 only			☐ Student loans		
☐ At le	east one of the debtors and another	r		Obligations arising out of a separa	ation agreement or divorce that	
□ che	eck if this claim is for a commu	initii daht		you did not report as priority clain	าร	
		mity debt		Debts to pension or profit-sharing	plans, and other similar debts	
	claim subject to offset?			Other. Specify BANK DEBT		
Ø No						
☐ Yes						
.18 OPPITY			TO MARTINI POR POR PORTE CONTROL CONTROL PORTE CONTROL	Last 4 digits of account number	8211	\$ 822.00
	ty Creditor's Name			-		
	AMS SUITE 501			When was the debt incurred?	<u>4/11/19</u>	
Number	Street			As of the data you file the eleim	in Charle all that annie	
CHICAG	0	IL	60603	As of the date you file, the claim	is: Check all that apply.	
City		State	ZIP Code	Contingent		
Who in	curred the debt? Check one.			Unliquidated		
	tor 1 only			☐ Disputed		
	tor 2 only			Type of NONPRIORITY unsecure	ed claim:	
	tor 1 and Debtor 2 only				ou ownin	
	east one of the debtors and another			Student loansObligations arising out of a separa	ation agrapment or divorce that	
	eck if this claim is for a commu			you did not report as priority claim		
		inity debt		Debts to pension or profit-sharing	plans, and other similar debts	
Is the c ☑ No ☐ Yes	laim subject to offset?			☑ Other, Specify OTHER		

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 30 of 74
Case number (if known)

Debtor 1

MARSHEA BOYD First Name Middle Name

Last Name

Part 2: Yo	our NONPRIORITY	Unsecured	Claims —	Continuation	Page
------------	-----------------	-----------	----------	--------------	------

r listing any entries on this page, num	ber them beginning wi	ith 4.4, followed by 4.5, and so forth.	Total clain
ONEMAIN		Last 4 digits of account number 0761	s 4016.0
Nonpriority Creditor's Name			\$ <u>1010.c</u>
PO BOX 742536		When was the debt incurred? $5/13/19$	
Number Street		As of the date you file, the claim is: Check all that apply.	
	OH 45274-2536		
City	tate ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only		wa Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a communit	y debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?		Other. Specify OTHER	
☑ No		•	
☐ Yes			
PROGRESSIVE LEASING	MATERIA (PARE) PARE PARE PARE PARE PARE PARE PARE PARE	Last 4 digits of account number 2274	<u>\$ 446.6</u>
Nonpriority Creditor's Name		1070	
256 WEST DATA DRIVE		When was the debt incurred? 1970	
Number Street	· · · · · · · · · · · · · · · · · · ·	As of the data you file the claim is Check all that anniv	
DRAPER	JT 84020	As of the date you file, the claim is: Check all that apply.	
City Si	ate ZIP Code	Contingent	
Who incurred the debt? Check one.		Unliquidated	
Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			
At least one of the debtors and another		Student loans	
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a communit	y debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?		Other, Specify CREDIT CARD	
⊿ No			
☐ Yes			
PADDOCK CLUB		Last 4 digits of account number UNKNOWN	_{\$} 2000.0
Nonpriority Creditor's Name			
50 ROCKY CREEK ROAD		When was the debt incurred? 2017	
lumber Street		As of the date you file the claim in Charle all that and	
	C 29615	As of the date you file, the claim is: Check all that apply.	
City St	ate ZIP Code	Contingent	
Who incurred the debt? Check one.		Unliquidated	
		Disputed	
✓ Debtor 1 only✓ Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			
At least one of the debtors and another		☐ Student loans	
Check if this claim is for a community	, dobt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	, aent	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? No		Other. Specify APARTMENT	

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 31 of 74

Debtor 1

MARSHEA BOYD

Middle Name

Last Name

Case number (# known)_

Your NONPRIORITY Unsecured Claims — Continuation Page Part 2:

TMOBILE	Last 4 digits of account number UNKNOWN	_{\$} 2000
Nonpriority Creditor's Name 12920 SOUTHEAST 38TH STREET	When was the debt incurred? 2017	
lumber Street	As of the date year file the plains in Oheat, all that each	
BELLEVUE WA 98006	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Vho incurred the debt? Check one.	Unliquidated	
☑ Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	☑ Student loans☑ Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
·	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other Specify PHONE SERVICE	
No		
Yes		
	Last 4 digits of account number	\$
onpriority Creditor's Name	When was the debt incurred?	
umber Street	As of the date you file, the claim is: Check all that apply.	
ity State ZIP Code	Contingent	
	Unliquidated	
/ho incurred the debt? Check one.	Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
·	Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?	Other. Specify	
] No] Yes		
		\$
onpriority Creditor's Name	Last 4 digits of account number	
	When was the debt incurred?	
umber Street	As of the date you file, the claim is: Check all that apply.	
ty State ZIP Code	Contingent	
The incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		
At least one of the debtors and another	Student loans	
_	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?	Other. Specify	
l No	• Industrial Advantage Control of	

Case 19-05315-hb

Middle Name

Doc 1

Document

Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Page 32 of 74 Case number (# known)_

Debtor 1

MARSHEA BOYD First Name

Last Name

State

City

ZIP Code

Part 3:

List Others to Be Notified About a Debt That You Already Listed

		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		
	w	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured Claim
		Last 4 digits of account number
City populações esta esta esta esta esta esta esta es	State ZIP Code	
		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured
		Claims
City	State ZIP Code	Last 4 digits of account number
saaggaalaan kan daa daa daa daa ah ee		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured
		Claims
		Last 4 digits of account number
City	State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured
(Author)		Claims
	State ZIP Code	Last 4 digits of account number
City gaugeauguarges, substitutes en anna eo anna anna anna anna anna ann	State ZIF Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		
		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured Claims
City	State ZIP Code	Last 4 digits of account number
		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured
		Claims —
City	State ZIP Code	Last 4 digits of account number
News		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street		Part 2: Creditors with Nonpriority Unsecured
		Claims

Case 19-05315-hb

Doc 1

Document

Page 33 of 74

Debtor 1

MARSHEA BOYD

Last Name

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

100 mm			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	1032.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other . Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. Total . Add lines 6a through 6d.	6e.	\$	1032.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	57730.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	27534.69
	6j. Total. Add lines 6f through 6i.	6j.	\$	85264.69

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 34 of 74

Fill in this	information to id	lontify your	0000		
	information to id MARSHEA E		case.		
Debtor	First Name		ddle Name Last Name		
	ng) First Name		Idle Name Last Name		
United Stat	es Bankruptcy Court f	_{for the:} DIST	RICT OF SOUTH CAR	OLINA	
Case numb	er	***************************************			☐ Check if this is an
					amended filing
Official	Form 1060	G			
Sched	dule G: E	 xecute	ory Contracts	and Unexpired Leases	12/15
information additional p	i. If more space is pages, write your i	needed, co name and ca	py the additional page, fill it ase number (if known).	filing together, both are equally responsible for supout, number the entries, and attach it to this page.	
☐ No.	. Check this box an	d file this for	-	er schedules. You have nothing else to report on this fo ases are listed on <i>Schedule A/B: Property</i> (Official Form	
examp				e contract or lease. Then state what each contract this form in the instruction booklet for more examples o	
Persor	or company with	whom you	have the contract or lease	State what the contract or lease is	for
2.1					
f.	RELLS			FURNITURE	
MANAGEMENT CONTROL OF THE PARTY	NORTH MAIN S	STREET			
Number FOU	Street NTAIN INN	SC	29644		
City	ngh ganghapanan, nguyang Saha Alan Sila Bahadha (Angh Alahayo Saha Sang an ag Sal Saha sa sa s	State	ZIP Code		SOLANGA SIBILIFE BOOKA ANG AND
2.2					
Name					
Number	Street				
City		State	ZIP Code		
2.3	est en son vassissentatio en la revena este ^a renoncurrion (¹⁸⁴ 5 ^a re reste arrelevand).	arvana ner en kurr i eraktibander (ednor).	n aggrennetenske, a engreken rettigte Grätistere intervienisjer daar 19tigatiese vere tijne nikskrist.		a poversa, aparting i interview peragantina terrepordirationale libbandine materialistica (interview new condi
Name				***************************************	
Number	Street				
City	nder Sertradien ganglagg zun Friegen außer (jest, Frahelbeg zut auße	State	ZIP Code		
2.4					
Name					
Number	Street				
City		State	ZIP Code		

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 35 of 74

Fill in this in	formation to id	lentify your case:	
Debtor 1	MARSHEA E	BOYD Middle Name	Last Name
Debtor 2	- Hat Name	widdig radiie	Last Name
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court f	or the: DISTRICT OF SO	OUTH CAROLINA
Case number (If known)			30-30/18-00 TOP
(II MIOMI)			

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

	o you have any codebtors? (If you an 1 No	e filing a joint case, do no	ot list either spouse as	s a codebtor.)	
	Yes				
Ar	izona, California, Idaho, Louisiana, Ne		-	(Community property states and territories include ngton, and Wisconsin.)	
	No. Go to line 3.				
_	Yes. Did your spouse, former spouse	e, or legal equivalent live	with you at the time?		
	No		,	Fill in the name and current address of that person.	
	Yes. In which community state of	r territory dia you live?		Fill in the name and current address of that person.	
	Name of your spouse, former spouse, or le	egal equivalent	***************************************		
	Number Street				
	City	State	ZIP Code		
	•			if your spouse is filing with you. List the person	
S		edule E/F (Official Form	***	le G (Official Form 106G). Use Schedule D,	
S	-	edule E/F (Official Form	***	e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe th	e del
Si Si	chedule D (Official Form 106D), Sche chedule E/F, or Schedule G to fill out	edule E/F (Official Form	***	le G (Official Form 106G). Use Schedule D,	e det
Si Si	chedule D (Official Form 106D), Sche chedule E/F, or Schedule G to fill ou Column 1: Your codebtor	edule E/F (Official Form	***	e G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe th	e del
Si Si	chedule D (Official Form 106D), Sche chedule E/F, or Schedule G to fill out	edule E/F (Official Form	***	Ce G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply:	e del
Si Si	chedule D (Official Form 106D), Sche chedule E/F, or Schedule G to fill ou Column 1: Your codebtor	edule E/F (Official Form	***	Ce G (Official Form 106G). Use Schedule D, Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line	e del
Si Si	chedule D (Official Form 106D), Sche chedule E/F, or Schedule G to fill out Column 1: Your codebtor	edule E/F (Official Form	***	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line	e del
se se	chedule D (Official Form 106D), Sche chedule E/F, or Schedule G to fill out Column 1: Your codebtor Name Number Street	edule E/F (Official Form t Column 2.	106E/F), or Scheduk	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line	e det
Se Se	chedule D (Official Form 106D), Sche chedule E/F, or Schedule G to fill out Column 1: Your codebtor Name Number Street	edule E/F (Official Form t Column 2.	106E/F), or Scheduk	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line	e del
s _s	chedule D (Official Form 106D), Schechedule E/F, or Schedule G to fill out Column 1: Your codebtor Name Number Street	edule E/F (Official Form t Column 2.	106E/F), or Scheduk	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule G, line Schedule D, line	e del
Session	chedule D (Official Form 106D), Schechedule E/F, or Schedule G to fill out Column 1: Your codebtor Name Number Street Number Street	edule E/F (Official Form t Column 2.	106E/F), or Schedule ZIP Code	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line	e del
s. s.	chedule D (Official Form 106D), Schechedule E/F, or Schedule G to fill out Column 1: Your codebtor Name Number Street City	edule E/F (Official Form t Column 2.	106E/F), or Scheduk	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule G, line Schedule D, line	
	chedule D (Official Form 106D), Schechedule E/F, or Schedule G to fill out Column 1: Your codebtor Name Number Street City Name Number Street City	edule E/F (Official Form t Column 2.	106E/F), or Schedule ZIP Code	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line	
	chedule D (Official Form 106D), Schechedule E/F, or Schedule G to fill out Column 1: Your codebtor Name Number Street Number Street	edule E/F (Official Form t Column 2.	106E/F), or Schedule ZIP Code	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line Schedule D, line	
s. s.	chedule D (Official Form 106D), Schechedule E/F, or Schedule G to fill out Column 1: Your codebtor Name Number Street City Name Number Street City	edule E/F (Official Form t Column 2.	106E/F), or Schedule ZIP Code	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule G, line Schedule G, line	
s. s.	chedule D (Official Form 106D), Schechedule E/F, or Schedule G to fill out Column 1: Your codebtor Name Number Street City Name City Name	edule E/F (Official Form t Column 2.	106E/F), or Schedule ZIP Code	Column 2: The creditor to whom you owe the Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line Schedule G, line Schedule G, line Schedule G, line Schedule G, line	

page 1

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 36 of 74

Fill in this information to identi	fy your case:				
Debtor 1 MARSHEA BO	YD Middle Name	Last Name		or Mayabalina	
Debtor 2				TORNING COMPANY	
(Spouse, if filing) First Name Middle Name Last Name Linited States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA					
United States Bankruptcy Court for th	e: Die Hiller of Goot	THO TROUBLE			
(If known)				Check if	
			**************************************		mended filing postpetition chapter 13
260 1 1 2 1001					ne as of the following date:
				DD / YYYY	
Schedule I: Your Income					12/15
supplying correct information. If f you are separated and your sp	you are married and not fil ouse is not filing with you, ne top of any additional pa	ling jointly, and you do not include in	our si forma	oouse is living with ation about your sp	otor 2), both are equally responsible for a you, include information about your spouse ouse. If more space is needed, attach a known). Answer every question.
. Fill in your employment information.			Debtor 1		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	 Employed Not employ	/ed	na Titura (noro-que roy-to-constante e uno 4444 (noro-to-constante e uno 4444 (noro-to-constante e uno 4444 (n	☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	TELESALES	;		
Occupation may include studen or homemaker, if it applies.				F00	
	Employer's name	VERIZON WIRELESS		LESS	Mark Assistance and a second an
	Employer's address	701 BROOKFIELD PARKWAY Number Street		D PARKWAY	Number Street
		GREENVILL City	.E Sta	SC 29607 te ZIP Code	City State ZIP Code
How long employed there? 1.5 YEARS					
Part 2: Give Details Abou	it Monthly Income				
spouse unless you are separate If you or your non-filing spouse h	d. nave more than one employe	er, combine the info			write \$0 in the space. Include your non-filing for that person on the lines
below. If you need more space,	attach a separate sheet to th	iis form.		For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sa deductions). If not paid monthly		2.	\$ 3500.00	\$	
3. Estimate and list monthly ove		3.	+\$0.00	+ \$	
4. Calculate gross income. Add	line 2 + line 3.		4.	\$ 3500.00	\$

Official Form 106I

Schedule I: Your Income

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 37 of 74

Debtor 1	MARSHEA BOYD First Name Middle Name Last Name		Cas	e number (if knov	νn)		***************************************		
	1 / Strong Wilder telle Last value								
			For D	Debtor 1		or Debtor 2 or on-filing spou			
Сору	line 4 here	→ 4.	\$	3500.00	Bosto	\$			
5. Indica	ate whether you have the payroll deductions below:								
	Fax, Medicare, and Social Security deductions	5a.	\$	234.18		\$			
5b. N	Mandatory contributions for retirement plans	5b.	\$	170.12		\$			
5c. \	/oluntary contributions for retirement plans	5c.	\$	0.00		\$			
5d. F	Required repayments of retirement fund loans	5d.	\$	0.00		\$			
5e. I i	nsurance	5e.	\$	0.00		\$			
5f. C	Domestic support obligations	5f.	\$	0.00		\$			
•	Jnion dues	5g.	\$	0.00		\$			
5h. C	Other deductions. Specify:	5h.	+\$	82.31	+	\$	-		
6. Add	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$	486.61		\$			
7. Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3013.39		\$			
8. List a	ll other income regularly received:								
	let income from rental property and from operating a business, rofession, or farm	8a.	\$	0.00		\$			
At	ttach a statement for each property and business showing gross receipts, ordinary and acessary business expenses, and the total monthly net income.								
8b. I r	nterest and dividends		\$	0.00		\$			
	amily support payments that you, a non-filing spouse, or a depender	nt	\$	0.00		\$			
In	egularly receive clude alimony, spousal support, child support, maintenance, divorce settlement, and operty settlement.								
·	Jnemployment compensation		\$	0.00		\$			
8e. S	Social Security		\$	0.00		\$			
8f. O	Other government assistance that you regularly receive		Y			Ψ	Annahum manahum menganakan mengan		
	clude cash assistance and the value (if known) of any non-cash assistance that you eceive, such as food stamps or housing subsidies.								
	pecify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse):								
			\$	0.00		\$			
			Ψ			Ψ	**********		
8g. P	ension or retirement income		\$	0.00		\$			
	ther monthly income.								
Sp	pecify (Debtor 1): Specify (Debtor 2 or Non-Filing Spouse):								
			\$	0.00		\$	_		
9. Add a	all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.		\$	0.00		\$			
10. Calcul a	ate monthly income. Add line 7 + line 9.		S 3	3013.39	+	\$ 0.0	00 =	: [\$	3013.39
Add the e	entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		L		ı			L	
Include co	ill other regular contributions to the expenses that you list in <i>Schedu</i> ontributions from an unmarried partner, members of your household, your dependents, your roomr Do not include any amounts already included in lines 2-10 or amounts that are not available to pa	mates,	and other fr	iends or n <i>Schedule J</i> .					
Specify	: ARTHUR DRAKEFORD				_		11. +	· \$	500.00
	ne amount in the last column of line 10 to the amount in line 11. The r hat amount on the Summary of Your Assets and Liabilities and Certain St				-		12.		3513.39
	u expect an increase or decrease within the year after you file this fo		zar mnom	латы, в к ар	hues				bined thly income
☑ N □ Y	o. es. Explain:								y moonid

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 38 of 74

Fill in this information to identify	y your case:				
Debtor 1 MARSHEA BOYI	O				
First Name Debtor 2	Middle Name Last Name	Check if	this is:		
(Spouse, if filing) First Name	Middle Name Last Name	An an			
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CARO			showing post of the following	tpetition chapter 13
Case number					y date.
(If known)		MM / L	DD / YYY	Y	
Official Form 106J					
Schedule J: Yo	ur Expenses				12/15
Be as complete and accurate as p information. If more space is need (if known). Answer every question	ossible. If two married people are fil ed, attach another sheet to this forn	ing together, both are equally n. On the top of any additional	respons pages, v	ible for supply write your nam	ring correct ne and case number
Part 1: Describe Your Hou	usehold				
1. Is this a joint case?					
✓ No. Go to line 2.✓ Yes. Does Debtor 2 live in a s	separate household?				
☐ No ☐ Yes. Debtor 2 must file	e Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.			
2. Do you have dependents?	☐ No	Dependent's relationship to	termerere er en entre lever en engagene	Danandantia	Door down down time
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Debtor 1 or Debtor 2	edenina	Dependent's age	Does dependent live with you?
Do not state the dependents' names.	,	CHILD		17	☐ No ☑ Yes
		CHILD		14	☐ No ☑ Yes
		CHILD		9	☐ No Yes
		CHILD		2	☐ No Yes
		CHILD		1	□ No ☑ Yes
B. Do your expenses include expenses of people other than yourself and your dependents?	☑ No ☐ Yes				
Part 2: Estimate Your Ongoin	ng Monthly Expenses				
Estimate your expenses as of your	bankruptcy filing date unless you a kruptcy is filed. If this is a suppleme	re using this form as a supple ental <i>Schedule J</i> , check the bo	ment in a	a Chapter 13 c top of the form	ase to report and fill in the
	-cash government assistance if you it on Schedule I: Your Income (Offic			Your exper	ıses
	xpenses for your residence. Include		4.	\$	1000.00
If not included in line 4:					
4a. Real estate taxes			4a.	\$	0.00
4b. Property, homeowner's, or re	enter's insurance		4b.	\$	0.00
4c. Home maintenance, repair, a	and upkeep expenses		4c.	\$	0.00
4d. Homeowner's association or	condominium dues		4d	\$	0.00

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 39 of 74

Debtor 1

MARSHEA BOYD

irst Name Middle Name

Last Name

Case number (if known)____

			Your ex	penses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
	Utilities:	0.		
0.	6a. Electricity, heat, natural gas	6a.	\$	250.00
	6b. Water, sewer, garbage collection	6b.	\$	100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other, Specify: YARD CARE,	6d.	\$	160.00
7.	Food and housekeeping supplies	7.	\$	500.00
8.	Childcare and children's education costs	8.	\$	650.00
9.	Clothing, laundry, and dry cleaning	9.	\$	300.00
10.	Personal care products and services	10.	\$	200.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
14.	Charitable contributions and religious donations	14.	\$	0,00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	120.00
	15d. Other insurance, Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other. Specify:	17c.	\$	
	17d. Other, Specify:	17d.	\$	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.		-	
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 40 of 74

Debtor	1 MARSHEA BOYD First Name Middle Name Last Name	Case number (if known)		
21. Ot	her. Specify:	21.	+\$	0.00
22. C a	Iculate your monthly expenses.			
22	a. Add lines 4 through 21.	22a.	\$	4030.00
22	o. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$	0.00
220	c. Add line 22a and 22b. The result is your monthly expenses.	22c.	\$	4030.00
				Lunamentonicomentonicomentonicome
23. Cal o	culate your monthly net income.			3513.39
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3513.39
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	4030.00
23c.	Subtract your monthly expenses from your monthly income.			-516.61
	The result is your monthly net income.	23c.	\$	-510.01
24. Do y	ou expect an increase or decrease in your expenses within the year after you f	ile this form?		
	example, do you expect to finish paying for your car loan within the year or do you ex gage payment to increase or decrease because of a modification to the terms of you	•		
	lo.			
₩ Y	es. Explain here: I'M MOVING OUT OF STATE TAKING A PAY CL	JT		
				hinana) minan
				Nationalities showers

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 41 of 74

Fill in this i	nformation to identify	your case:			
Debtor 1	MARSHEA BOY)			
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing) First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF S	OUTH CAROLINA		
Case number					
(If known)					Check if this is an
					amended filing
Officia	I Form 106De	3 C			

Deci	aration A	bout an I	ndividual D	ebtor's Schedules	12/15
If two mar	ried people are filing t	ogether, both are ec	qually responsible for supp	olying correct information	
				chedules. Making a false statement, concealing	
obtaining ı	money or property by	fraud in connection	with a bankruptcy case ca	nchedules. Making a false statement, concealing In result in fines up to \$250,000, or imprisonme	; property, or nt for up to 20
years, or b	oth. 18 U.S.C. §§ 152,	1341, 1519, and 357	'1.	•	•
	Sign Below				

	pay or agree to pay s	someone who Is NO	T an attorney to help you f	ill out bankruptcy forms?	
☑ No					
Yes	. Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration,	and
				Signature (Official Form 119).	
Under p	enalty of perjury, I de	clare that I have rea	d the summary and sched	ules filed with this declaration and	
that the	y are true and correct	i.			
4 4	// .///	7	×		
		Z		The state of the s	
Signation	e of Debtor 1		Signature of Debtor 2		
Date 0	7 KS/2019		Date		
M	AIDD I YYYY		MM / DD / YYY	YY 	
\$4.00(1) \$15.50 (\$4.00\dagger)	ERMANNAL ON BAROAN IN the Stock (Check, Inc.) of conditioned a supplying section				

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 42 of 74

Fill in this information to identify your case:			
Debtor 1 MARSHEA BOYD First Name Middle Nam	e Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Nam			
United States Bankruptcy Court for the: DISTRIC		INA	
Case number			
(If known)			☐ Check if this is an amended filing
fficial Form 107			
	Affairs for Indiv	riduals Filing for Bankrupto	cy 04/1
	a separate sheet to this for	g together, both are equally responsible for supprem. On the top of any additional pages, write your found to be some for supprementation of the top of any additional pages.	
. What is your current marital status?			
☐ Married			
☑ Not married			
 During the last 3 years, have you lived any No ✓ Yes. List all of the places you lived in the Debtor 1:			Dates Debtor 2
Deptor 1:	lived there	Deptor 2.	lived there
		☐ Same as Debtor 1	☐ Same as Debtor 1
419 E BUTLER RD	From 2015	N	From
Number Street	то 2017	Number Street	To
MAULDIN SC 296 City State ZIP C		City State ZIP Code	
		☐ Same as Debtor 1	☐ Same as Debtor 1
Number Street	From To	Number Street	From To
City State ZIP C	ode	City State ZIP Code	
5.17			

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 43 of 74

btor 1	MARSHEA BOYD First Name Middle Name La	st Name	Case nu	umber (if known)	
	Hadde Name La	st (value			
Fill in If you	ou have any income from employme the total amount of income you receive are filing a joint case and you have inc	ed from all jobs and all bus	sinesses, including part-ti	me activities.	endar years?
□ N					
(2) Ye	es. Fill in the details.				e (SSAR-Printed Sout S His State (Mark S and A a
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
F ti	rom January 1 of current year until ne date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$27111	Wages, commissions, bonuses, tips	\$
		Operating a business		Operating a business	
	or last calendar year: lanuary 1 to December 31, 2018	✓ Wages, commissions, bonuses, tips) ☐ Operating a business	\$43703	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	YYYY	peranig a basiness		Operating a business	
F	or the calendar year before that:	Wages, commissions,		☐ Wages, commissions,	
(J	anuary 1 to December 31, 2017	bonuses, tips Operating a business	\$21477	bonuses, tips Operating a business	\$
gambli	loyment, and other public benefit paym ng and lottery winnings. If you are filing the source and the gross income from e s. Fill in the details.	g a joint case and you have	e income that you receive	ed together, list it only once	under Debtor 1.
	or in in the detaile.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Fi	rom January 1 of current year until	ARTHUR DRAKEFORD	\$ 5600.00		\$
th	e date you filed for bankruptcy:	FAMILY SUPPORT	\$ 2316.00		\$
			\$		\$
		ARTHUR DRAKEFORD	s 6000.00		
	or last calendar year:	ANTION BIVINE OND	Φ		\$
(J	anuary 1 to December 31, 2018)		\$ \$		\$ \$
					Ψ
Fo	or the calendar year before that:	ARTHUR DRAKEFORD	\$ 24000.00		\$
	anuary 1 to December 31, 2017		\$ \$		\$
	YYYY		\$		\$

5.

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 44 of 74

	Document	Page 44 of 74
Debtor 1	MARSHEA BOYD First Name Middle Name Last Name	Case number (if known)
Part 3:	List Certain Payments You Made Before You Filed f	or Bankruptcy
6 Ara oith	ner Debtor 1's or Debtor 2's debts primarily consumer debts	2
o. Are em	iei Debioi 1 5 of Debioi 2 5 debis primarily consumer debis	·
☐ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer deb "incurred by an individual primarily for a personal, family, or ho	
	During the 90 days before you filed for bankruptcy, did you pay	any creditor a total of \$6,825* or more?
	☐ No. Go to line 7.	
	Yes. List below each creditor to whom you paid a total of \$ total amount you paid that creditor. Do not include pay child support and alimony. Also, do not include payme	ments for domestic support obligations, such as
	* Subject to adjustment on 4/01/22 and every 3 years after that	for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Creditor's Name				\$	\$	☐ Mortgage
Ordanor a Harris						☐ Car
Number Street						Credit card
						Loan repayment
			***************************************			Suppliers or vendors
City	State	ZIP Code				Other
				\$	\$	☐ Mortgage
Creditor's Name						☐ Car
Number Street						Credit card
Number offeet						Loan repayment
						☐ Suppliers or vendors
City	State	ZIP Code				Other
				\$	\$	☐ Mortgage
Creditor's Name						☐ Car
Number Street						Credit card
						Loan repayment
						☐ Suppliers or vendors
City	State	ZIP Code				Other
J.,	Otato	211 0006				4

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 45 of 74

Within	MARSHEA BOYD First Name Middle Name Last	Name	noone	Case number (if known)
Insider corpora agent,	n 1 year before you filed for bankrup rs include your relatives; any general p rations of which you are an officer, direc including one for a business you opera as child support and alimony.	artners; relatives of any ctor, person in control, c	general partners; por owner of 20% or	partnerships of which more of their voting	ch you are a general partner; securities; and any managing
☐ Yes	s. List all payments to an insider.	Dates of payment	Total amount	Amount you still owe	Reason for this payment
		. ,	•		
În	sider's Name		\$	\$	
Ni	umber Street				
·····					
Cit	ity State ZIP	Code			
0.11	ny oddo Zii i				
	sider's Name		\$	\$	
Nu	umber Street				

Cit	ly State ZIP (Code			
-	.,	3000			
an inside Include	payments on debts guaranteed or cos	signed by an insider.	oayments or trans	fer any property o	n account of a debt that benefited
☐ Yes	s. List all payments that benefited an in		Total amazint	A	December this nament
		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
			¢	¢	
Ins	sider's Name		\$	\$	
	sider's Name umber Street		\$	\$	
			\$	\$	
			\$	\$	
	umber Street	Code	\$	\$	
Nu —	umber Street	Code	\$	\$	
Nu ————————————————————————————————————	umber Street ty State ZIP (Code	\$\$ \$	\$\$	
Nu ————————————————————————————————————	umber Street	Code		*	
Nu Cit	umber Street ty State ZIP (Code		*	

City

State

ZIP Code

Case 19-05315-hb Filed 10/08/19 Entered 10/08/19 14:06:31 Doc 1

Document Page 46 of 74 MARSHEA BOYD Debtor 1 Case number (if known)_ First Name Middle Name Last Name Part 4: **Identify Legal Actions, Repossessions, and Foreclosures** Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☑ No Yes. Fill in the details. Nature of the case Court or agency Status of the case Case title ☐ Pending Court Name On appeal Number Street ☐ Concluded Case number City ZIP Code Case title ☐ Pending Court Name On appeal Number Street Concluded Case number City ZIP Code State 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ☑ No. Go to line 11. ☐ Yes. Fill in the information below. Describe the property Date Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed. ☐ Property was garnished. City Property was attached, seized, or levied. State ZIP Code Describe the property Date Value of the property Creditor's Name

Number Street

State

ZIP Code

City

☐ Property was repossessed. Property was foreclosed. Property was garnished.

Property was attached, seized, or levied.

Explain what happened

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 47 of 74

otor 1 MARSHEA BOYD	Case number (if know	n)	
First Name Middle Name Las	t Name		
. Within 90 days before you filed for bankru accounts or refuse to make a payment be	uptcy, did any creditor, including a bank or financial instit	ution, set off any ar	nounts from your
No	cause you owed a dept?		
Yes. Fill in the details.			
	Describe the action the creditor took	Date action	Amount
CAPITAL ONE		was taken	Amount
Creditor's Name	CLOSED MY ACCOUNTS		
1680 CAPITAL ONE DRIVE		6/1/19	\$130
Nambor Street			
	-		
MCLEAN VA 22102 City State ZIP Code	Last 4 digits of account number: XXXX		
Oily State 21 State	Last 4 digits of account flumber. AAAA	· · · · · · · · · · · · · · · · · · ·	
creditors, a court-appointed receiver, a cu ☑ No ☑ Yes	stodian, or another official.		
Link Contain Ciffs and Cont N	45		
rt 5: List Certain Gifts and Contribu	itions		
Within 2 years before you filed for bankrur	otcy, did you give any gifts with a total value of more than	\$600 per person?	
☑ No	, , g, g		
Yes. Fill in the details for each gift.			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Decree to William Van Court the Cife	_		\$
Person to Whom You Gave the Gift		CONTRACTOR OF THE PRODUCTION O	
	_		\$
Number Street			
City State ZIP Code	_		
Decrease and discontinuous Assesses		Y WAR AND THE STATE OF THE STAT	
Person's relationship to you	-		
Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value
per person		the gifts	
			¢
Person to Whom You Gave the Gift	-		Ψ
	_		\$
Number Street	-		
City State ZIP Code	_ -		
Doronn's relationship to you		V Committee Control	
Person's relationship to you			

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 48 of 74

1 MARSHEA BOYD First Name Middle Name	Last Name Case number (if known)	
ithin 2 years before you filed for bank	ruptcy, did you give any gifts or contributions with a total va	luo a£ 41 A	0004
1 No		iue of more than \$	ouu to any charity?
Yes. Fill in the details for each gift or c	ontribution.		
Gifts or contributions to charities	Describe what you contributed	Data	Water
that total more than \$600	Decompo in la you continuated	Date you contributed	Value
		· volumentary)	
Charity's Name			\$
		***************************************	\$
Number Street		- I IIII	
City State ZIP Code	_		
, 5.6.0 En 0000			
6: List Certain Losses			
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your	Value of property
non the least establish	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	loss	lost
			\$
		-	
List Certain Payments or Tra	nsfers		
thin 1 year before you filed for bankru	otcy, did you or anyone else acting on your behalf pay or tra	nefor any proporty	to anyone
u consulted about seeking bankruptcy	or preparing a bankruptcy petition?		to anyone
	reparers, or credit counseling agencies for services required in year	our bankruptcy.	
No Yes. Fill in the details.			
. 55. Fill it the details.	Provint and the Land		
	Description and value of any property transferred	Date payment or transfer was	Amount of payment
Person Who Was Paid		made	
Number Street			\$
		**************************************	*
		<u> </u>	\$
City State ZIP Code			
Freedowschalls			
Email or website address			
Person Who Made the Payment, if Not You			

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 49 of 74

	MARSHEA BOYD First Name Middle Name Last Name Case number (if known)				
		Description and value of any property	y transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid	- - 			
	Number Street	-		Management of the second of th	\$
					\$
	City State ZIP Code			The state of the s	
	Email or website address			1000	
	Person Who Made the Payment, if Not You			A common and a com	
u	iot include any payment or transfer that y No ⁄es. Fill in the details.	ou noteu on mie 10.			
		Description and value of any property	transferred	Date payment or transfer was made	Amount of payme
	Person Who Was Paid			made	
	Number Street				\$
	City State ZIP Code				\$
Mith	in 2 years before you filed for bankrup	otcy, did you sell, trade, or otherwise	e transfer any proper	ty to anyone, other th	an property
trans Inclu Do n	de both outright transfers and transfers n ot include gifts and transfers that you had lo	business or financial affairs? made as security (such as the granting	of a security interest o	or mortgage on your pro	
trans Inclu Do n	de both outright transfers and transfers n ot include gifts and transfers that you hav	business or financial affairs? made as security (such as the granting		erty or payments received	pperty).
rans nclu Do n ビ N コ Y	de both outright transfers and transfers n ot include gifts and transfers that you had lo	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	Describe any prope	erty or payments received	pperty). I Date transfer
rans nclu Do n ビ N コ Y	de both outright transfers and transfers n ot include gifts and transfers that you had lo /es. Fill in the details.	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	Describe any prope	erty or payments received	pperty). I Date transfer
rans nclu Do n N N	de both outright transfers and transfers not include gifts and transfers that you have to be something of the control of the c	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	Describe any prope	erty or payments received	pperty). I Date transfer
rans nclu Do n ビ N J Y	de both outright transfers and transfers not include gifts and transfers that you have lo ves. Fill in the details. Person Who Received Transfer Number Street	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	Describe any prope	erty or payments received	pperty). I Date transfer
rans nclu Do n ダ N コ Y	de both outright transfers and transfers not include gifts and transfers that you have lo ves. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	Describe any prope	erty or payments received	pperty). I Date transfer
Inclu Do n Do n I	de both outright transfers and transfers not include gifts and transfers that you have long of the last series and transfers that you have long of the last series and transfer last series and transfers and trans	business or financial affairs? made as security (such as the granting ve already listed on this statement. Description and value of property	Describe any prope	erty or payments received	operty). I Date transfer

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 50 of 74

eficiary? (These are often ill in the details. of trust			ust or similar device of w	Date transfer was made
eficiary? (These are often ill in the details. of trust	Description and value of the	property transferred		Date transfer
eficiary? (These are often ill in the details. of trust	Description and value of the	property transferred		Date transfer
eficiary? (These are often ill in the details. of trust t Certain Financial Ac	Description and value of the	property transferred		Date transfer
ill in the details. f trust t Certain Financial Ac	Description and value of the			
f trust t Certain Financial Ac				
f trust t Certain Financial Ac				
t Certain Financial Ac				
t Certain Financial Ac				was made
t Certain Financial Ac				
t Certain Financial Ac				
	1904 de Agricología (Charles Charles C			
	1904 de Agricología (Charles Charles C			11 0 12 12 12 12 12 12 12 12 12 12 12 12 12
	counts, Instruments, Safe Dep			ano.
	counts, Instruments, Safe Dep		The applications of the confidence of the confid	ance as a significant or the second and a second as the second and the second and the second and the second and the second as a second as
ear before vou filed for h		osit Boxes, and Stora	ge Units	
	ankruptcy, were any financial accou	unts or instruments held in	ı your name, or for your	benefit,
old, moved, or transferred				,
		•	ares in banks, credit un	ions,
houses, pension funds,	cooperatives, associations, and oth	er financial institutions.		
ll in the details.				
	Last 4 digits of account num		Date account was	Last balance befor
		instrument	or transferred	closing or transfer
£ Einamaiai Ingtitution				
or Financial institution	XXXX	Checking	**************************************	\$
r Street		☐ Savings		
		☐ Money market		
		☐ Brokerage		
State ZIP	Code	☐ Other		
& Financial Institution	XXXX	☐ Checking		\$
f Financial Institution	XXXX	☐ Checking☐ Savings		\$
of Financial Institution	xxxx			\$
	XXXX	☐ Savings		\$
	XXXX	☐ Savings ☐ Money market		\$
	e houses, pension funds, ill in the details. of Financial Institution	c houses, pension funds, cooperatives, associations, and other ill in the details. Last 4 digits of account num of Financial Institution XXXX	Last 4 digits of account number Type of account or instrument XXXX	Last 4 digits of account number Type of account or instrument Type of account or closed, sold, moved, or transferred XXXX

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 51 of 74

Debtor 1	MARSHEA BOYD First Name Middle Name L	ast Name	Case number (if known)	
22.Have	you stored property in a storage un	it or place other than your home	within 1 year before you filed for bar	nkruptcy?
	es. Fill in the details.	Who else has or had access to i	t? Describe the contents	Do you still have it?
	Name of Storage Facility	Name		□ No □ Yes
	Number Street	Number Street		
		CityState ZIP Code		
	City State ZIP Code			
or ho	ou hold or control any property that	or Control for Someone Else someone else owns? Include an		etoring for,
		Where is the property?	Describe the property	Value
	Owner's Name			\$
ē	Owner's Name			4
_	Number Street	Number Street		Ψ
-			ZIP Code	•
-	Number Street City State ZIP Code	City State	ZIP Code	*
Part 10 For the part hazar includes	City State ZIP Code Give Details About Environ Durpose of Part 10, the following defronmental law means any federal, stardous or toxic substances, wastes, oding statutes or regulations controllineans any location, facility, or prope	mental information initions apply: ate, or local statute or regulation or material into the air, land, soil, ing the cleanup of these substaning as defined under any environing	concerning pollution, contamination surface water, groundwater, or othe ices, wastes, or material.	n, releases of er medium,
Part 10 For the part includes Site in utilized Hazar	City State ZIP Code Give Details About Environ Durpose of Part 10, the following definemental law means any federal, stardous or toxic substances, wastes, oding statutes or regulations controllimeans any location, facility, or proper it or used to own, operate, or utilizer adous material means anything an electrons.	city State mental Information initions apply: ate, or local statute or regulation or material into the air, land, soil, ing the cleanup of these substan arty as defined under any environe eit, including disposal sites.	concerning pollution, contamination surface water, groundwater, or othe ices, wastes, or material. imental law, whether you now own,	n, releases of er medium, operate, or
Part 10 For the part includes Site in utilized Hazari substi	City State ZIP Code Give Details About Environ Durpose of Part 10, the following definemental law means any federal, stardous or toxic substances, wastes, oding statutes or regulations controllimeans any location, facility, or proper entry of the statutes of the statu	city State mental Information initions apply: ate, or local statute or regulation or material into the air, land, soil, ing the cleanup of these substan rty as defined under any environ e it, including disposal sites. nvironmental law defines as a ha contaminant, or similar term.	concerning pollution, contamination surface water, groundwater, or othe ices, wastes, or material. imental law, whether you now own, izardous waste, hazardous substanc	n, releases of er medium, operate, or
Part 10 For the part hazar include Site nutilize Hazar subst	City State ZIP Code Give Details About Environ Durpose of Part 10, the following definition on the following definition on the following definition on the following statutes or regulations controlling statutes or regulations controlling earns any location, facility, or proper it or used to own, operate, or utilizer dous material means anything an extended material means anything and ma	city State mental Information initions apply: ate, or local statute or regulation or material into the air, land, soil, ing the cleanup of these substan rty as defined under any environ e it, including disposal sites. anvironmental law defines as a ha contaminant, or similar term. s that you know about, regardles	concerning pollution, contamination surface water, groundwater, or other ces, wastes, or material. Immental law, whether you now own, surface waste, hazardous substances of when they occurred.	n, releases of er medium, operate, or ce, toxic
Part 10 For the part includes Site in utilized Hazar substands 124. Has an	Gity State ZIP Code Give Details About Environ Durpose of Part 10, the following definence of the commental law means any federal, stardous or toxic substances, wastes, or ding statutes or regulations controllineans any location, facility, or proper it or used to own, operate, or utilizer dous material means anything an elance, hazardous material, pollutant, Il notices, releases, and proceedings my governmental unit notified you the	city State mental Information initions apply: ate, or local statute or regulation or material into the air, land, soil, ing the cleanup of these substan rty as defined under any environ e it, including disposal sites. anvironmental law defines as a ha contaminant, or similar term. s that you know about, regardles	concerning pollution, contamination surface water, groundwater, or other ces, wastes, or material. Immental law, whether you now own, surface waste, hazardous substances of when they occurred.	n, releases of er medium, operate, or ce, toxic
Part 10 For the part included so the part included	Give Details About Environ City State ZIP Code Give Details About Environ Durpose of Part 10, the following definemental law means any federal, stardous or toxic substances, wastes, oding statutes or regulations controllineans any location, facility, or proper it or used to own, operate, or utilizer dous material means anything an entance, hazardous material, pollutant, Ill notices, releases, and proceedings my governmental unit notified you the	city State mental Information initions apply: ate, or local statute or regulation or material into the air, land, soil, ing the cleanup of these substan rty as defined under any environ e it, including disposal sites. anvironmental law defines as a ha contaminant, or similar term. s that you know about, regardles	concerning pollution, contamination surface water, groundwater, or other ces, wastes, or material. Immental law, whether you now own, surface waste, hazardous substances of when they occurred.	n, releases of er medium, operate, or ce, toxic
Part 10 For the part included in the substance of the part and substa	Give Details About Environ City State ZIP Code Give Details About Environ Durpose of Part 10, the following definemental law means any federal, stardous or toxic substances, wastes, oding statutes or regulations controllineans any location, facility, or proper it or used to own, operate, or utilizer dous material means anything an entance, hazardous material, pollutant, Ill notices, releases, and proceedings my governmental unit notified you the	city State mental Information initions apply: ate, or local statute or regulation or material into the air, land, soil, ing the cleanup of these substan orty as defined under any environ e it, including disposal sites. Invironmental law defines as a ha contaminant, or similar term. Is that you know about, regardles at you may be liable or potential	concerning pollution, contamination surface water, groundwater, or other sees, wastes, or material. Immental law, whether you now own, szardous waste, hazardous substances of when they occurred. Ity liable under or in violation of an e	n, releases of er medium, operate, or ce, toxic nvironmental law?
Part 10 For the part includes Site in utilized Substantial Report a 24. Has an utilized No.	Give Details About Environ City State ZIP Code Give Details About Environ Durpose of Part 10, the following definemental law means any federal, standous or toxic substances, wastes, oding statutes or regulations controllineans any location, facility, or propere it or used to own, operate, or utilized and material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings my governmental unit notified you the color of the color o	mental Information initions apply: ate, or local statute or regulation or material into the air, land, soil, ing the cleanup of these substan rty as defined under any environe it, including disposal sites. avironmental law defines as a ha contaminant, or similar term. Is that you know about, regardles at you may be liable or potentiall	concerning pollution, contamination surface water, groundwater, or other sees, wastes, or material. Immental law, whether you now own, szardous waste, hazardous substances of when they occurred. Ity liable under or in violation of an e	n, releases of er medium, operate, or ce, toxic nvironmental law?

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 52 of 74

1 MARSHEA BOYD First Name Middle Name	Last Name	Case number (if known)	
	al unit of any release of hazardous materi	al?	
No			
Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP	Code		
and the same and the same to the same to the same same same same same same same sam			
	al or administrative proceeding under any	/ environmental law? Include settlement	s and orders.
No			
Yes. Fill in the details.			
	Court or agency	Nature of the case	Status of the case
Case title			
	Court Name	- ·	Pending
			On appeal
	Number Street		☐ Concluded
Case number	City State ZIP Cod	e	
111: Give Details About Yo	ur Business or Connections to Any	Business	
□ A sole proprietor or self-emp□ A member of a limited liabilit□ A partner in a partnership	ankruptcy, did you own a business or ha lloyed in a trade, profession, or other act y company (LLC) or limited liability partn	ivity, either full-time or part-time	ny business r
An officer, director, or manage	• •		
☐ An owner of at least 5% of th	e voting or equity securities of a corpora	tion	
No. None of the above applies. G	io to Part 12.		
Yes. Check all that apply above:			
. ooi onoon an mat apply above t	and fill in the details below for each busi	ness.	
toor oncor an that apply above t	and fill in the details below for each busin Describe the nature of the business		number
Business Name			
		Employer Identification of Do not include Social Se	curity number or ITIN.
		Employer Identification	curity number or ITIN.
Business Name		Employer Identification of Do not include Social Se	curity number or ITIN.
Business Name	Describe the nature of the business	Employer Identification of Do not include Social Se	curity number or ITIN.
Business Name Number Street	Name of accountant or bookkeeper	Employer Identification of Do not include Social Se	curity number or ITIN.
Business Name	Name of accountant or bookkeeper	Employer Identification of Do not include Social Se EIN: Dates business existed From To	curity number or ITIN.
Business Name Number Street City State ZIP C	Name of accountant or bookkeeper	Employer Identification of Do not include Social Se EIN: Dates business existed From To Employer Identification of the second se	curity number or ITIN.
Business Name Number Street	Name of accountant or bookkeeper	Employer Identification of Do not include Social Se EIN: Dates business existed From To Employer Identification of Do not include Social Se	number or ITIN.
Business Name Number Street City State ZIP C	Name of accountant or bookkeeper	Employer Identification of Do not include Social Se EIN: Dates business existed From To Employer Identification of the second se	number or ITIN.
Business Name Number Street City State ZIP C	Name of accountant or bookkeeper Code Describe the nature of the business	Employer Identification of Do not include Social Se EIN: Dates business existed From To Employer Identification of Do not include Social Se	number or ITIN.
Business Name Number Street City State ZIP C	Name of accountant or bookkeeper Code Describe the nature of the business	Employer Identification of Do not include Social Set EIN: Dates business existed From To Employer Identification of Do not include Social Set	number or ITIN.
Business Name Number Street City State ZIP C	Name of accountant or bookkeeper Code Describe the nature of the business	Employer Identification of Do not include Social Set EIN: Dates business existed From To Employer Identification of Do not include Social Set	number or ITIN.

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 53 of 74

Describe the nature of the business Describe the nature of the business	number (if known)
Number Street City State ZiP Code Within 2 years before you filed for bankruptcy, did you give a financial statement to anyous stitutions, creditors, or other parties. No Date issued Name MM / DD / YYYY Number Street City State ZiP Code 12: Sign Below have read the answers on this Statement of Financial Affairs and any attachments, and answers are true and correct. I understand that making a false statement, concealing pure connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment 8 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date Date Date Date Date Date Date Date	Employer Identification number Do not include Social Security number or ITIN.
Ithin 2 years before you filed for bankruptcy, did you give a financial statement to any stitutions, creditors, or other parties. No	EIN:
ithin 2 years before you filed for bankruptcy, did you give a financial statement to any stitutions, creditors, or other parties. No	Dates business existed
ithin 2 years before you filed for bankruptcy, did you give a financial statement to any stitutions, creditors, or other parties. No	From To
Name Name Number Street City State ZIP Code Statement of Financial Affairs and any attachments, and newers are true and correct. I understand that making a false statement, concealing pure to connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment at U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date 20/05/20/9 Signature of Debtor 2 Date	
Number Street Sign Below	one about your business? Include all financial
Number Street City State ZIP Code 12: Sign Below The connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment at U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date 1 Date 1 Date 1 Date 1 No 1 Yes	
Sign Below The read the answers on this Statement of Financial Affairs and any attachments, and answers are true and correct. I understand that making a false statement, concealing proconnection with a bankruptcy case can result in fines up to \$250,000, or imprisonment at U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date Of Oo	
save read the answers on this Statement of Financial Affairs and any attachments, and asswers are true and correct. I understand that making a false statement, concealing proconnection with a bankruptcy case can result in fines up to \$250,000, or imprisonment B.U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date	
save read the answers on this Statement of Financial Affairs and any attachments, and asswers are true and correct. I understand that making a false statement, concealing proconnection with a bankruptcy case can result in fines up to \$250,000, or imprisonment B.U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date	
have read the answers on this Statement of Financial Affairs and any attachments, and answers are true and correct. I understand that making a false statement, concealing processing to connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment at U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date	
have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and answers are true and correct. I understand that making a false statement, concealing processing to connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment in U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date	
nswers are true and correct. I understand that making a false statement, concealing proconnection with a bankruptcy case can result in fines up to \$250,000, or imprisonment 8 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Date	
Date	property, or obtaining money or property by fraud
id you attach additional pages to <i>Your Statement of Financial Affairs for Individuals Fi</i> No Yes	
1 No 1 Yes	"When for Portoning to 1000 to 1000 to 1000
id you hav or agree to hav someone who is not an offernou to help you fill out hands	ning for Bankruptcy (Oπicial Form 107)?
	ptcy forms?
No Yes. Name of person	Attach the Bankruptcy Petition Preparer's Notice,

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 54 of 74

Fill in this information to identify your case:	
Debtor 1 MARSHEA BOYD First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA	
Case number(If known)	☐ Check if this is an amended filing
Official Form 108	
Statement of Intention for Individual	s Filing Under Chapter 7 12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	what do you intend to do with the property that secures a debt?	
Creditor's name: ONE MAIN	Surrender the property. Retain the property and redeem it.	☑ No ☐ Yes
Description of VEHICLE IMPALA CHEVROLET property securing debt:	Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	□ No
Description of property securing debt:	Retain the property and redeem it.Retain the property and enter into a Reaffirmation Agreement.	Yes
	Retain the property and [explain]:	
Creditor's name:	☐ Surrender the property.	□ No
	☐ Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 55 of 74

Debtor 1

MA	RSI	HEA	BOY	/D

First Name Middle Name

Last Name

Case number (If known)_____

Part 2: Li	st Your	Unexpired	Personal	Property	Leases
------------	---------	-----------	----------	----------	--------

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

	Describe your unexpired personal property	/ leases	Will the lease be assumed?
Lessor's name: Cescription of leased property: Cessor's name: Cescription of leased property: Cescription of leased proper	Lessor's name: KIMBRELLS		☑ No
Description of leased property:			☐ Yes
Lessor's name: Lessor	Lessor's name:		□ No
Description of leased property:			Yes
Lessor's name: Lessor's name: Description of leased property:	Lessor's name:		□ No
Description of leased property:			Yes
Description of leased roperty:	essor's name:		
Description of leased property: Description of leased			☐ Yes
Description of leased property:	essor's name:		□ No
Description of leased property: Description of leased property: Description of leased Description of leased			☐ Yes
essor's name: Description of leased Oescription of leased	essor's name:		□ No
Description of leased Yes			☐ Yes
escription of leased	essor's name:		□ No
	Description of leased property:		☐ Yes
t 3: Sign Below			
	rsonal property that is subject to an unex	×	
Marsh of x	ignature of Debtor 1 ate 09 08 90 9	Signature of Debtor 2 Date MM / DD / YYYY	

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 56 of 74

Document Page 56 of	† 74
Fill in this information to identify your case:	Check one box only as directed in this form and in
Debtor 1 MARSHEA BOYD	Form 122A-1Supp:
First Name Middle Name Last Name	1. There is no presumption of abuse.
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA	2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7</i>
Simos states summapley search and	Means Test Calculation (Official Form 122A–2).
Case number (If known)	3. The Means Test does not apply now because of qualified military service but it could apply later.
	☐ Check if this is an amended filing
Official Form 122A—1	
Chapter 7 Statement of Your Current Month	ly Income 12/15
Part 1: Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-1 Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Column A, lines 2-11; do not under penalty of perjury that you and your spouse are legally separated under not spouse are living apart for reasons that do not include evading the Means Test re Fill in the average monthly income that you received from all sources, derived durin bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, 1 August 31. If the amount of your monthly income varied during the 6 months, add the income that you received during the 6 months, add the income that you received during the 6 months, add the income that you received during the 6 months, add the income that you received during the 6 months, add the income that you received during the 6 months, add the income that you received during the 6 months, add the income that you received during the 6 months, add the income that you received from all sources.	umns A and B, lines 2-11. In till out Column B. By checking this box, you declare onbankruptcy law that applies or that you and your equirements. 11 U.S.C. § 707(b)(7)(B). Ing the 6 full months before you file this the 6-month period would be March 1 through
Fill in the result. Do not include any income amount more than once. For example, if both s income from that property in one column only. If you have nothing to report for any line, wr	
	Debtor 1 Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$ 2835.39</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>386.00</u> \$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>933.33</u>
5. Net income from operating a business, profession, or farm Debtor 1 Debtor 2	
Gross receipts (before all deductions) \$\(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Ordinary and necessary operating expenses -\\$_0.00 - \\$	
Net monthly income from a business, profession, or farm \$_0.00 \$ here→	\$
6. Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses Debtor 1 \$\frac{0.00}{0.00} = \frac{0.00}{0.00} = \fr	
Net monthly income from rental or other real property \$ 0.00 \$ here	\$ 0.00 \$
7. Interest, dividends, and royalties	\$

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 57 of 74

Debtor 1 First Name Middle Name Last Name		Case number (if known)	
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation		\$ 0.00	\$
Do not enter the amount if you contend that the amount under the Social Security Act. Instead, list it here:	•	Ψ	V
For you	\$0.00		
For your spouse	\$		
Pension or retirement income. Do not include any amore benefit under the Social Security Act.	ount received that was a	\$0.00	\$
10. Income from all other sources not listed above. Specific Do not include any benefits received under the Social Seas a victim of a war crime, a crime against humanity, or iterrorism. If necessary, list other sources on a separate part of the sources of the s	ecurity Act or payments receiventernational or domestic	ed	
		\$0.00	\$
		\$	\$
Total amounts from separate pages, if any.		+ \$	+ \$
11. Calculate your total current monthly income. Add line column. Then add the total for Column A to the total for C	s 2 through 10 for each Column B.	\$ <u>4154.7</u> 2	\$ 0.00 = \$ 4154.72 Total current monthly income
Part 2: Determine Whether the Means Test App	lies to You		olding income
12. Calculate your current monthly income for the year. F	follow these steps:		
12a. Copy your total current monthly income from line 1	1	Сору	y line 11 here → \$ <u>4154.72</u>
Multiply by 12 (the number of months in a year).			x 12
12b. The result is your annual income for this part of the	form.		12b. \$ <u>49856.64</u>
13. Calculate the median family income that applies to yo	ou. Follow these steps:		
Fill in the state in which you live.	SC		
Fill in the number of people in your household.	6		
Fill in the median family income for your state and size of	household		
To find a list of applicable median income amounts, go or instructions for this form. This list may also be available a	nline using the link specified in t the bankruptcy clerk's office.	the separate	
14. How do the lines compare?			
14a. Line 12b is less than or equal to line 13. On the to Go to Part 3.	op of page 1, check box 1, <i>Th</i>	ere is no presumption o	of abuse.
14b. Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A–2.	e 1, check box 2, The presump	otion of abuse is determ	nined by Form 122A-2.
Part 3: Sign Below			
By signing here I declare under penalty of perjury	that the information on this s	tatement and in any atta	achments is true and correct.
*//_/	×		
Signature of Debtor 1	Si	gnature of Debtor 2	
Date 09/05/2019	D	nto.	
MM/ DD / YYYY	Da	MM / DD / YYYY	
If you checked line 14a, do NOT fill out or file l	Form 122A–2.		
If you checked line 14b, fill out Form 122A–2 a	and file it with this form.		

DISTRICT OF SOUTH CAROLINA IN THE UNITED STATES BANKRUPTCY COURT FOR THE

IN RE: MARSHEA BOYD Debtor.)) Case No) Chapter 7									
VERIFICATION OF MATRIX										
The above named debtor hereby verifies that the attached List of Creditors is true and correct to the best of his/her/their knowledge. Date: 19/05/2019 Debtor Signature										

Capital One 11013 W Broad St Glen Allen, VA 23060

Check Into Cash 654 Fairview Road Simpsonville, SC 29680

Diversified
Pob 551268
Jacksonville, FL 32255

Dpt Ed Navi Po Box 9635 Wilkes Barre, PA 18773

Easypay Dvra 2701 Loker Av West Carlsbad, CA 92008

Gm Financial
Po Box 9130
Fort Worth, TX 76147

Kimbrells 129 North Main Street Fountain Inn, SC 29644 Mr Transmission 515 South Pleasantburg Drive Greenville, SC 29607

Navy Federal 820 Follin Lane Vienna, VA 22180

Oppity Fin 11 E Adams Suite 501 Chicago, IL 60603

One Main 330 Harrison Bridge Road Simpsonville, SC 29680

Onemain

Po Box 742536 Cincinnati, OH 45274-2536

Progressive Leasing 256 West Data Drive Draper, UT 84020

Paddock Club 50 Rocky Creek Road Greenville, SC 29615 Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 61 of 74

State Of South Carolina Department Of Revenue 33 Villa Road Greenville, SC 29615

Tmobile 12920 Southeast 38th Street Bellevue, WA 98006

UNITED STATES BANKRUPTCY COUP	
In re: MARSHEA BOYD Debtor.) Case No) Chapter 7
PAY ADV	/ICE COVER SHEET
All pay advices from the last 60 d	cord information is filed on behalf of the debtors: ays are attached.
The debtor certifies by his/her sig because:	nature below that he/she has no pay records
Debtor was un	employed.
Debtor was pa	aid in cash.
Debtor lost pay	v stubs.
Other explanat	ion:
	Signature of Debtor 1, Filing Pro Se Executed on 05/20/9 MM / DD / YYYY

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 63 of 74

Cellco Partnership

One Verizon Way Basking Ridge NJ 07920

Total:

Current:

YTD:

Pay Group: NEO-Northeast Ovrhd Non-Timesh

Pay Begin Date: 05/20/2018 Pay End Date: 06/02/2018

06/02/2018 - On-Line Check -

Advice #: Advice 31572598 06/01/2018

Date:

20010116 211660 219	0,020
1.800.932.7947	

Marshea Lashunna Bo	yd Employee ID:	2569556	TAX DATA:	Federal	SC State	
29 Sunglow st	Mail Drop:	H00000000	Marital	Exempt	Exempt	
			Status:	-	-	
Simpsonville SC 29681	Location:		Allowances:	0	0	
	Cycle Rate:	N/A	Addl. Pct.:	0	0	
			Addl. Amt.:	0	0	

						<i>F</i>	Addl. An	nt.:	0	0	***
	HOURS AND	EARNING	GS						TAXES		
Description	Rate	Current Hours	Earnings	Hours	- YTD Earnings	Description	on	Current To	x Gross Cur	עידע	Tax Gross YT
*					Larinigs			current ra		1110	
CURRENT PAY PERIOD:						Fed Withl	-		1,129.62		19,284.5
05/20/2018-06/02/2018						Fed MED/		16.38	1,129.62	292.09	20,144.0
Regular Pay	12.73365	40.00	509.35	441.43	5,537.58	Fed OASD	I/EE	70.03	1,129.62	1,248.93	20,144.0
	4					SC Withho	oldng		1,129.62		19,284.5
STD No Pay		8.00		24.00							
Short Term Disability	12.50000 0	8.00	100.00	312.00	3,913.09						
STD - 60%		24.00	180.00	24.00	180.00						
	7.500000										
Absence Commission - 100%			56.61		2,207.79						
Absence Target Comm 60%	12.73365 4		101.88		101.88						
PRIOR PAY PERIOD:											
05/13/2018-05/19/2018											
Regular Pay	12.73365 4	-40.00	-509.35								
Short Term Disability	12.50000 0	40.00	500.00			:					
Absence Commission - 100%	-		283.05								
YTD HISTORY:											
OT PAID @ 1.5				31.41	589.64						
Commissions					6,458.06						
FLSA True Up					333.03						
Holiday				24.00	300.00						
Holiday Worked Premium - 150)%			0.71	13.31						
Holiday Worked @ 0.50				16.00	100.00						
Personal Leave				40.00	500.93						
Sick Pay				31.23	393.18						
Sunday Worked Premium - 35%	6			97.09	425.77						
Vacation				4.00	50.93						
Total:			1,221.54		21,105.19	Total:		86.41		1,541.02	
BEFORE-TAX DED	UCTIONS			AFTER-TA	X DEDUCTI	IONS	Т		MPLOYER PA	ID BENEFIT	rs
Description	Current	YTD	Descriptio	n	Curi	rent	YTD	Description		Curre	nt YTD
Health Care Spending Acct	50.00	550.00	Employee	Supl AD&D)	1.81	19.91	Imputed Incon	ne*		49.99
Before-Tax Medical	24.61	270.71	Dependen	t Life - Chil	d	1.08	11.88				
Before-Tax Dental	17.31	190.41	Employee	Supl Life		0.48	5.28				
Basic Savings Plan		859.56		t AD&D - Cl	nild	0.23	2.53				
			Fitness Ce	nter			75.00				
			i	n Disability	Ins		51.20				
				,							

3.60

TOTAL TAXES

86.41

1,541.02

165.80

*Taxable

TOTAL DEDUCTIONS

95.52

2,036.48

NET PAY

1,039.61

17,527.69

Total:

FED TAXABLE GROSS

1,129.62

19,284.50

1,870.68

91.92

TOTAL GROSS

1,221.54

21,105.19

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 64 of 74

MESSAGE:

Regular Pay: 05/20/18-06/02/18. Exception Pay: 05/13/18-05/26/18.

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 65 of 74

Cellco Partnership

One Verizon Way Basking Ridge NJ 07920 1-800-932-7947 Pay Group: NEO-Northeast Ovrhd Non-Timesh

Pay Begin Date: 05/05/2019 Pay End Date: 05/18/2019

nd Date: 05/18/2019 - On-Line Check -

Advice #: Advice 33142924 05/17/2019

Date:

Marshea Lashunna Boyd	Employee ID:	2569556	TAX DATA:	Federal	SC State	
29 Sunglow st	Mail Drop:	H00000000	Marital Status:	Exempt	Exempt	
Simpsonville SC 29681	Location: Cycle Rate:	N/A	Allowances: Addl. Pct.:	0 0	0 0	
			Addl. Amt.:	0	0	

	HOURS AN	D EARNIN	GS					TAXES		
Description	Rate	Current Hours	Earnings	Hours	- YTD Earnings	Description	Current Tax	Gross Cur	YTD	Tax Gross YTD
CURRENT PAY PERIOD:						Fed Withholdn	 g	925.44		17,905.83
05/05/2019-05/18/2019						Fed MED/EE	14.36	990.38	275.81	19,021.54
Regular Pay	13.30673	72.00	958.09	510.61	6,641.15	Fed OASDI/EE	61.41	990.38	1,179.34	19,021.54
OT PAID @ 1.5	1 19.96009 7	0.23	4.59	24.51	469.17	SC Withholdng		925.44		17,905.83
Vacation	13.30673	8.00	106.45	25.25	333.69					
PRIOR PAY PERIOD: 04/28/2019-05/04/2019										
Regular Pay	13.30673 1	-8.00	-106.45							
OT PAID @ 1.5	19.96009	0.28	5.59							
Sick Pay	13.30673 1	0.57	7.58	27.21	355.07					
Vacation	13.30673	8.00	106.45							
YTD HISTORY:	1									
Absence Time Unpaid				2.33						
Commissions					6,186.37					
Absence Commission - 100%					1,188.81					
FLSA True Up					152.29					
Holiday				24.00	305.61					
Holiday Worked Premium - 1	50%			0.10	1.91					
Holiday Worked @ 0.50				8.00	50.93					
Personal Leave				53.00	700.24					
RSU Award					1,439.82					
Sunday Worked Premium - 35	5%			16.28	72.56					
Verizon Paid Parental Leave				168.00	2,139.27					
Total:	······································		1,082.30		20,036.89	Total:	75.77		1,455.15	
BEFORE-TAX DE	PDIICTIONE		T	A YOUNG TO A	X XXXXX I CONT	0.10				10
Description Description	Current	YTD	Descriptio		X DEDUCTI			PLOYER PA	ID BENEFIT	
			-		Curi		Description	***************************************	Curre	nt YTD
Basic Savings Plan		1,115.71	Fitness Ce			5.00 75.00				
Health Care Spending Acct	50.00	500.00	l .	Supl AD&D		1.83 18.30				
Before-Tax Medical	24.61	246.10	l .	t Life - Chil		1.08 10.80				
Before-Tax Dental	17.31	173.10	Employee	-		0.54 5.40				
Dependent Care Spending		96.15		t AD&D - Cl).23 2.30				
Acct			Long-Tern	n Disability	Ins	10.38				
Total:	156.86	2,131.06	Total:	······································	18.	68 122.18	*Taxable			***************************************
	TOTAL GROS		[FAXABLE GI	ROSS	ፐርባ	TAL TAXES	TOTAL DEDUCT	TONS		NET PAY
Current:	1,082.3			25.44	10)	75.77		175.54		830.99
YTD:	20,036.8		17,90			1,455.15		253.24		16,328.50
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	······					-				, <del>.</del>

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 66 of 74

<u> </u>									
NET PAY DISTRIBUTION									
Checking Acct#	XXXXXX4125	83.10							
Checking Acct#	XXXXXX7247	747.89							
Total:		830.99							

MESSAGE:

Regular Pay: 05/05/19-05/18/19. Exception Pay: 04/28/19-05/11/19.

## Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 67 of 74

### Cellco Partnership

One Verizon Way Basking Ridge NI 07920 Pay Group: NEO-Northeast Ovrhd Non-Timesh

Pay Begin Date: Pay End Date: 05/19/2019

06/01/2019 - On-Line Check - Advice #: Advice

33191065 05/31/2019

Date:

Basking Ridge NJ 07920	
1-800-932-7947	

Marshea Lashunna Boyd	Employee ID:	2569556	TAX DATA:	Federal	SC State	·····
29 Sunglow st	Mail Drop:	Н00000000	Marital Status:	Exempt	Exempt	
Simpsonville SC 29681	Location:		Allowances:	0	0	
	Cycle Rate:	N/A	Addl. Pct.:	0	0	
			Addl. Amt.:	0	0	

	HOURS ANI		GS	a riyatıy				TAXES		
Description	Rate	Current Hours	Earnings	Hours	- YTD Earnings	Description	Current Tax	Gross Cur	YTD	Tax Gross YTI
CURRENT PAY PERIOD:						Fed Withholdn	g	2,865.44		20,771.2
05/19/2019-06/01/2019						Fed MED/EE	44.29	3,054.21	320.10	22,075.75
Regular Pay	13.30673 1	80.00	1,064.54	582.27	7,594.71	Fed OASDI/EE SC Withholdng	189.36	3,054.21 2,865.44	1,368.70	22,075.75 20,771.2
OT PAID @ 1.5	19.96009 7	1.47	29.34	25.98	498.51	3c Withholding		2,003.44		20,771.2
PRIOR PAY PERIOD:	,									
05/12/2019-05/18/2019										
Regular Pay	13.30673	-8.34	-110.98							
Regular Fuy	15.50075	.0.54	-110.56							
Sick Pay	13.30673 1	0.70	9.31	27.91	364.38					
Vacation	13.30673	8.00	106.45	33.25	440.14					
04/01/2019-04/30/2019										
Commissions			2,047.47		8,233.84					
YTD HISTORY:			,		·					
Absence Time Unpaid				2.33						
Absence Commission - 100%					1,188.81					
FLSA True Up					152.29					
Holiday				24.00	305.61					
Holiday Worked Premium - 15	0%			0.10	1.91					
Holiday Worked @ 0.50				8.00	50.93					
Personal Leave				53.00	700.24					
RSU Award				55.00	1,439.82					
Sunday Worked Premium - 35	06			16.28	72.56					
Verizon Paid Parental Leave	70			168.00	2,139.27					
Total:			3,146.13	100.00	23,183.02	Total	200.05		1 000 00	
			3,140.13			Total:	233.65		1,688.80	
BEFORE-TAX DE					X DEDUCTI			APLOYER PA		
Description	Current	YTD	Descriptio	n	Curr	rent YTD	Description		Curre	nt YTD
Basic Savings Plan	188.77	1,304.48	Employee	Supl AD&I	)	1.83 20.13				
Health Care Spending Acct	50.00	550.00	Dependen	t Life - Chil	d i	1.08 11.88				
Before-Tax Medical	24.61	270.71	Employee			0.54 5.94				
Before-Tax Dental	17.31	190.41	ı	t AD&D - Cl	nild (	0.23 2.53				
Dependent Care Spending		96.15	Fitness Ce	nter		75.00				
Acct			Long-Tern	n Disability	Ins	10.38				
rotal:	280.69		Total:			.68 125.86	*Taxable			
ı Otai.		2,411.75			3.	.00 125.86	Taxable			
	TOTAL GROS		TAXABLE GE		TOT	TAL TAXES	TOTAL DEDUC			NET PAY
Current:	3,146.1			55.44		233.65		284.37		2,628.11
YTD:	23,183.0	2	20,77	71.27		1,688.80	2,	537.61		18,956.61

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 68 of 74

4	<b>-</b>			
ſ	Checking Acct#	XXXXXX4125	262.81	•
	Checking Acct#	XXXXXX7247	2,365.30	
İ	Total:		2,628.11	

MESSAGE:

Regular Pay: 05/19/19-06/01/19. Exception Pay: 05/12/19-05/25/19.

### Case 19-05315-hb Doc 1 Document Page 69 of 74

### Cellco Partnership

One Verizon Way Basking Ridge NJ 07920 1-800-932-7947

Pay Group: NEO-Northeast Ovrhd Non-Timesh

06/02/2019 Pay Begin Date:

Pay End Date: 06/15/2019 - On-Line Check -

Addl. Amt.:

Checking Acct#

XXXXXX7247

754.42

Advice #: Advice

33255669 06/14/2019

0

Date:

0

Marshea Lashunna Boyd	Employee ID:	2569556	TAX DATA:	Federal	SC State	
29 Sunglow st	Mail Drop:	H00000000	Marital Status:	Exempt	Exempt	
Simpsonville SC 29681	Location:		Allowances:	0	0	
	Cycle Rate:	N/A	Addl. Pct.:	0	0	

		Current			- YTD	Description	_			
Description	Rate	Hours	Earnings	Hours	Earnings		Curren	t Tax Gross Cur	YTD	Tax Gross YT
CURRENT PAY PERIOD:	***************************************					Fed Withhold	ing	917.00		21,706.6
06/02/2019-06/15/2019						Fed MED/EE	14.2	3 981.40	334.61	23,076.7
Regular Pay	13.30673 1	40.00	532.27	610.78	7,974.09	Fed OASDI/EI SC Withholdr		5 981.40 917.00	1,430.76	23,076.75 21,706.69
Vacation	13.30673	40.00	532.27	73.25	972.41	SC Withholds	¹ B	317.00		21,700.0
PRIOR PAY PERIOD:										
05/26/2019-06/01/2019										
Regular Pay	13.30673 1	-11.49	-152.89							
Holiday	13.30673	8.00	106.45	32.00	412.06					
Sick Pay	13.30673	4.15	55.22	32.06	419.60					
YTD HISTORY:	1									
OT PAID @ 1.5				25.98	498.51					
Absence Time Unpaid				2.33	450.51					
Commissions				2.33	8,233.84					
Absence Commission - 100%					1,188.81					
FLSA True Up	04			0.10	171.89					
Holiday Worked Premium - 150	70			0.10	1.91					
Holiday Worked @ 0.50				8.00	50.93					
Personal Leave				53.00	700.24					
RSU Award					1,439.82					
Sunday Worked Premium - 35%				16.28	72.56					
Verizon Paid Parental Leave				168.00	2,139.27					
Total:			1,073.32		24,275.94	Total:	75.08	}	1,765.37	
BEFORE-TAX DED	UCTIONS				X DEDUCTI			EMPLOYER E	PAID BENEFI	
Description	Current	YTD	Descriptio	n	Curi	rent YT	Descriptio	n	Curr	ent YTD
Basic Savings Plan	64.40	1,370.06	Employee	Supl AD&I	)	1.83 21.9	96			
Health Care Spending Acct	50.00	600.00	Dependen	t Life - Chil	d	1.08 12.9	96			
Before-Tax Medical	24.61	295.32	Employee	Supl Life	ļ	0.54 6.4	48			
Before-Tax Dental	17.31	207.72	Dependen	t AD&D - C	hild	0.23 2.7	1			
Dependent Care Spending		96.15	Fitness Cer	nter		75.0	00			
Acct			Long-Tern		Ins	10.3	1			
Гotal:	156.32	2,569.25	Total:		3	.68 129.54	*Taxable			
	TOTAL GROS		L FAXABLE GR	ROSS	TO	TAL TAXES	TOTAL DE	DUCTIONS		NET PAY
Current:	1,073.3			7.00		75.08		160.00		838.24
YTD:	24,275.9	)4	21,70			1,765.37		2,698.79		19,811.78
								NET PAY DIST	RIBITION	

Case 19-05315-hb	Doc 1	Filed 10/08/19	Entered 1	0/08/19 14:06:31	Desc Main	
		Document F	Page 70 of 7	4		
			· ·	Total:		838.24

MESSAGE:

Regular Pay: 06/02/19-06/15/19. Exception Pay: 05/26/19-06/08/19.

### Case 19-05315-hb Doc 1 Document Page 71 of 74

## Cellco Partnership

One Verizon Way Basking Ridge NJ 07920 1-800-932-7947

Before-Tax Dental

Acct

Dependent Care Spending

17.31

225.03

96.15

Employee Supl Life

Dependent AD&D - Child

Long-Term Disability Ins

0.54

0.23

7.02

2.99

10.38

Pay Group: NEO-Northeast Ovrhd Non-Timesh

Pay Begin Date: 06/16/2019

Pay End Date: 06/29/2019 - On-Line Check -

Advice #: Advio

33304021 06/28/2019

avice	06/28/201
ata.	

Date	
------	--

Marshea Lashunna Boyd	Employee ID:	2569556	TAX DATA:	Federal	SC State	
29 Sunglow st	Mail Drop:	H00000000	Marital Status:	Exempt	Exempt	
Simpsonville SC 29681	Location:	X//	Allowances:	0	0	
	Cycle Rate:	N/A	Addl. Pct.: Addl. Amt.:	0	0	

	*******	Current		******	YTD	Description				
Description	Rate	Hours	Earnings	Hours	Earnings	2 codiaption	Current T	ax Gross Cur	YTD	Tax Gross YT
CURRENT PAY PERIOD:						Fed Withholdn	g	2,573.35		24,280.
06/16/2019-06/29/2019						Fed MED/EE	39.78	2,743.47	374.39	25,820.
Regular Pay	13.30673	79.67	1,060.15	674.07	8,816.28	Fed OASDI/EE	170.09	2,743.47	1,600.85	25,820.
	1					SC Withholdng		2,573.35		24,280.
Sick Pay	13.30673	0.50	6.65	33.22	435.03					
	1									
PRIOR PAY PERIOD:										
06/09/2019-06/15/2019										
Regular Pay	13.30673	-16.38	-217.96							
Ciely Day	12 20072	0.00	0.70							
Sick Pay	13.30673 1	0.66	8.78							
Vacation	13.30673	16.00	212.91	89.25	1,185.32					
vacation	15.50075	10.00	212.31	03.23	1,100.04					
05/01/2019-05/31/2019										
Commissions			1,755.44		9,989.28					
05/19/2019-05/25/2019			•		•					
FLSA True Up			7.03		181.31					
05/05/2019-05/11/2019										
FLSA True Up			1.41							
04/28/2019-05/04/2019										
FLSA True Up			0.98							
YTD HISTORY:										
OT PAID @ 1.5				25.98	498.51					
Absence Time Unpaid				2.33						
Absence Commission - 100%					1,188.81					
Holiday				32.00	412.06					
Holiday Worked Premium - 15	0%			0.10	1.91					
Holiday Worked @ 0.50				8.00	50.93					
Personal Leave				53.00	700.24					
RSU Award					1,439.82					
Sunday Worked Premium - 35 ^o	%			16.28	72.56					
Verizon Paid Parental Leave				168.00	2,139.27					
Total:	***************************************		2,835.39		27,111.33	Total:	209.87	***************************************	1,975.24	
BEFORE-TAX DEI				AFTER-TA	AX DEDUCTI	ONS		EMPLOYER PA	ID BENEFIT	rs .
Description	Current	YTD	Description	n	Cur	rent YTD	Description		Curre	nt YT
Basic Savings Plan	170.12	1,540.18	Fitness Cer	nter	1	5.00 90.00			······································	
Health Care Spending Acct	50.00	650.00	Employee	Supl AD&I	)	1.83 23.79				
Before-Tax Medical	24.61	319.93	Dependen	Life - Chil	d	1.08 14.04				
			1 .							

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main

		Document	Page 72 of 74			
Total:	262.04	Total:	18.68 148.22	*Taxable		
	2,831	1.29				
	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DED	UCTIONS	NET PAY
Current:	2,835.39	2,573.35	209.87		280.72	2,344.80
YTD:	27,111.33	24,280.04	1,975.24		2,979.51	22,156.58
					NET PAY DISTRIBUTION	
			(	Checking Acct#	XXXXXX4125	234.48
	•		(	Checking Acct#	XXXXXX7247	2,110.32
			1	`otal:		2,344.80

### MESSAGE:

Regular Pay: 06/16/19-06/29/19. Exception Pay: 06/09/19-06/22/19.

## Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main Document Page 73 of 74

Cellco Partnership

One Verizon Way Basking Ridge NJ 07920 1-800-932-7947

Pay Group: Pay Begin Date: NEO-Northeast Ovrhd Non-Timesh

04/21/2019

Pay End Date: 05/04/2019 - On-Line Check -

Advice #: Advice Date:

33094131 05/03/2019

Marshea Lashunna Boyd	Employee ID:	2569556	TAX	DATA:	Federal	SC State	
29 Sunglow st	Mail Drop:	H00000000	Mar Stat		Exempt	Exempt	
Simpsonville SC 29681	Location:		Allo	wances:	0	0	
	Cycle Rate:	N/A	Add	I. Pct.:	0	0	
			Add	ll. Amt.:	0	0	

		Current		****	- YTD	Description				
Description	Rate	Hours	Earnings	Hours	Earnings	Dooripaon	Current Ta	x Gross Cur	YTD	Tax Gross YTI
CURRENT PAY PERIOD:						Fed Withholdng		938.25		16,980.39
04/21/2019-05/04/2019						Fed MED/EE	14.56	1,004.01	261.45	18,031.16
Regular Pay	13.30673	75.41	1,003.46	446.61	5,789.51	Fed OASDI/EE	62.25	1,004.01	1,117.93	18,031.16
	1					SC Withholdng		938.25		16,980.39
Sick Pay	13.30673	3.43	45.64	26.64	347.49	-				
	1									
Vacation	13.30673	2.50	33.27	9.25	120.79					
	1									
PRIOR PAY PERIOD:										
04/14/2019-04/20/2019										
Regular Pay	13.30673	-32.00	-425.82							
	1									
OT PAID @ 1.5	19.96009 7	0.68	13.57	24.00	458.99					
Personal Leave	13.30673	29.25	389.22	53.00	700.24					
rersonal Leave	13.30073	23.23	303.22	33.00	700.24					
Vacation	13.30673	2.75	36.59							
Tubuli Vi	1									
04/07/2019-04/13/2019										
Regular Pay	13.30673	0.15	2.00							
· ·	1									
Sick Pay	13.30673	-0.15	-2.00							
	1					<b>≣</b>				
YTD HISTORY:						<b>:</b>				
Absence Time Unpaid				2.33						
Commissions					6,186.37					
Absence Commission - 100%					1,188.81					
FLSA True Up					152.29					
Holiday				24.00	305.61					
Holiday Worked Premium - 150%				0.10	1.91					
Holiday Worked @ 0.50				8.00	50.93					
RSU Award					1,439.82					
Sunday Worked Premium - 35%				16.28	72.56					
Verizon Paid Parental Leave				168.00	2,139.27					
Total:			1,095.93		18,954.59	Total:	76.81		1,379.38	
BEFORE-TAX DEDU	CTIONS		T	AETED_T	AX DEDUCTI	ONS	T.	MPLOYER PA	ID RENEEL	TC

BEFORE-TAX DI	EDUCTIONS		AFTER-TAX DE	DUCTIONS		EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Basic Savings Plan	65.76	1,050.77	Employee Supl AD&D	1.83	16.47			
Health Care Spending Acct	50.00	450.00	Dependent Life - Child	1.08	9.72			
Before-Tax Medical	24.61	221.49	Employee Supl Life	0.54	4.86			
Before-Tax Dental	17.31	155.79	Dependent AD&D - Child	0.23	2.07			
Dependent Care Spending		96.15	Fitness Center		60.00			
Acct			Long-Term Disability Ins		10.38			
			II					

Case 19-05315-hb Doc 1 Filed 10/08/19 Entered 10/08/19 14:06:31 Desc Main

		Document	Page 74 of 74			
Total:	157.68	Total: 74.20	3.68 103.50	*Taxable		
	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCT	IONS	NET PAY
Current:	1,095.93	938.25	76.81	1	61.36	857.76
YTD:	18,954.59	16,980.39	1,379.38	2,0	77.70	15,497.51
				NET	PAY DISTRIBUTION	Transport
			C	Checking Acct#	XXXXXX4125	85.78
			C	Checking Acct#	XXXXXX7247	771.98
			Т	otal:		857.76

### MESSAGE:

Regular Pay: 04/21/19-05/04/19. Exception Pay: 04/14/19-04/27/19.